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ABSTRACT

This interim guide, a component of the Northwest Territories (Canada) School Health Program, contains instructional strategies, lesson plans, reproducibles, and teacher background materials for eighth grade classes. The material is organized around the three curriculum units: mental and emotional well-being, growth and development, and family life. The six lessons of the mental and emotional well-being unit focus on coping, suicide prevention, and relationships. The unit on growth and development contains eight lessons on two topics: body systems and physical fitness. The seven lessons of the family life unit are on families, human development and reproduction, teen decisions, and sexually transmitted diseases. The family life unit also contains guidelines on how to involve parents in family life education. Each lesson plan contains student objectives, vocabulary, several student activities with corresponding guidelines for the teacher, and student worksheets. Teacher background sections contain factual information, overviews of the unit theme, and suggested teaching methods. In addition, the teacher background section of the family life unit includes several community resources. (IAH)

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Northwest Territories

School Health Program

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SP 033 823

Grade 8

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NORTHWEST TERRITORIES

School Health Program

INTERIM GUIDE

GRADE 8

Northwest Territories EDUCATION
HEALTH

1988

GRADE 8

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL-BEING

GRADE 8

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	RELATIONSHIPS	People share responsibilities for making groups work	i) examine why people form groups ii) identify groups in the community to which adults and young people belong iii) identify the benefits people derive from these groups
2	RELATIONSHIPS	People share responsibilities for making groups work	i) identify characteristics of effective working groups ii) identify the roles and responsibilities of group members
3	COPING	People can learn to deal effectively with stress in their lives	i) define stress ii) identify causes of stress iii) identify how stress affects the body
4	COPING	People can learn to deal effectively with stress in their lives	i) identify specific methods of dealing with stress
5	COPING	Uncontrolled stress may lead to depression	i) define depression ii) identify causes of depression iii) identify the signals of depression iv) identify ways of dealing with depression
6	SUICIDE PREVENTION	Severe depression may result in suicide	i) identify some basic facts relating to suicide ii) identify possible indicators of suicide iii) identify sources of help in suicide prevention iv) identify ways to prevent a suicide attempt

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 1 THEME: RELATIONSHIPS

CONCEPT: PEOPLE SHARE RESPONSIBILITIES FOR MAKING GROUPS WORK

PREPARATION: 1. Prepare a class set of Group Membership worksheets (Activity Sheet ME64)

VOCABULARY: provide for, potential, self-help

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) examine why people form groups	Students: 1. Brainstorm why people, historically, have settled together in groups.	Background Information: — Have students respond using the sentence pattern: People have settled together _____ - for safety from animals, other people, the weather - to keep each other company - to share work such as cooking, getting food, building shelters, making clothes, raising children - to have babies - for friendship and fun - to pass skills on from one generation to the next - for religious and cultural reasons Discuss each with the class and have students give examples.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Classify into categories reasons why people settle into groups.	Ask students to classify each response from Student Activity 1 under the appropriate heading and record on an experience chart as shown:

Physical needs	Safety	Social needs	Self-esteem	Education
- food - clothing	- from animals	- friend-ship	- from family - from peers	- learning skills

ii) identify groups in the community to which adults and young people belong	3. List some groups in the community to which adults and young people belong.	Some examples might be: - family - volunteers - Lions, St. John - recreational - sports, photography, guiding, scouts, etc. - committees - L.E.A., Health etc. - spiritual - church groups e.g., bible reading - self-help groups - Alcoholics Anonymous - support groups - Alateen
iii) identify the benefits people derive from these groups	4. List the benefits of belonging to the various community groups.	Refer to each group identified in Student Activity 3. Ask students to identify some of the benefits to people who belong to each group:

Group	Benefits to Members
family	- helps to meet everyday physical needs - meets some social needs - shares knowledge, skills, values, culture

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

recreational	· develops skills · meets some social needs · allows development of special interests
volunteer/committees	· helps other people to meet everyday needs · shares knowledge, skills, values · develops a social role · develops and maintains special interests
spiritual	· shares values, culture · shares knowledge, beliefs · builds support systems · develops a social role
self-help groups/ support groups	· shares knowledge, skills · builds support systems · meets some social needs

5. Complete the Group Membership worksheet.

Refer to Activity Sheet ME64.

Make a class list of groups to which students belong. Discuss the benefits of belonging to these groups.

GROUP MEMBERSHIP

ME64

List the groups to which you belong. Check why you belong to these particular groups. Describe some of the benefits of belonging to the group(s).

Why I Belong to These Groups

I belong to these groups	friendship	to help myself	to develop my skills	for competition	to help/teach someone else	because someone else put pressure on me	to promote something I am interested in	to be accepted by other people	for recognition and achievement	other
1.										
2.										
3.										
4.										

Benefits I get from the group(s): _____

_____

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 2 THEME: RELATIONSHIPS

CONCEPT: PEOPLE SHARE RESPONSIBILITIES FOR MAKING GROUPS WORK

PREPARATION: 1. Prepare a class set of Clues worksheet (Activity Sheet ME65A - Teacher Answer Guide ME65B)

VOCABULARY: characteristics, realistic, delegate

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify characteristics of effective working groups	Students: 1. Complete the Clues worksheet	Background Information: — Refer to Activity Sheet ME65A Have students complete the worksheet by filling in the blanks. Each answer is a clue for one characteristic of an effective group. Answers are given on Activity Sheet ME65B

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Using the list from the previous activity, list some characteristics of effective working groups.	Ask students why some groups work better than others. Reasons might include: - realistic goals - finishing tasks on time - effective communication within the group (listening effectively, speaking clearly etc.) - delegation/sharing responsibilities - leadership - volunteering for tasks people are interested in - members understanding roles and relationship to other members Discuss, if possible, in reference to effective groups to which they belong.
ii) identify the roles and responsibilities of group members	3. In small groups, design a new group, outlining the roles and responsibilities of members.	Have students work in groups of 3 - 5. Create a new group or club, give it a name, outline the roles and responsibilities of the leader and members. Identify some activities the group can work on together. Some questions to consider might be: - What is the purpose of the group/club? (This will help determine group activities.) - What skills must members possess? - What skills must the leader display? - What are the roles of group members? - Name some activities in which the group/club may be involved. - What are the responsibilities of each group member? Suggestions for groups could be: - to organize an exchange trip - to run an after school program for a younger grade - to promote a cleaner community - to develop a skill (music, sewing, computers...)

CLUES

ME65A

Complete the worksheet by filling in the blanks. Each answer is a clue for one characteristic of an effective group.

1. Hockey players score _ _ _ _ _ _.
2. Chores are _ _ _ _ _ _. (Rhymes with masks)
3. If you are late, you are not _ _ _ _ _ _ _.
4. I _ _ _ _ _ _ _ to music, and I _ _ _ _ _ _ out when I have something to say.
5. Coming to school and babysitting are two teenage _.
6. The person in charge is the _ _ _ _ _ _ _.
7. A person who works for no pay is a _ _ _ _ _ _ _ _ _ _.
8. Each actor in a movie plays a certain _ _ _ _ _.

CLUES

ME65B

Complete the worksheet by filling in the blanks. Each answer is a clue for one characteristic of an effective group.

1. Hockey players score goals.
2. Chores are tasks. (Rhymes with masks)
3. If you are late, you are not on time.
4. I listen to music, and I speak out when I have something to say.
5. Coming to school and babysitting are two teenage responsibilities.
6. The person in charge is the leader.
7. A person who works for no pay is a volunteer.
8. Each actor in a movie plays a certain role.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 3 THEME: COPING

CONCEPT: PEOPLE CAN LEARN TO DEAL EFFECTIVELY WITH STRESS IN THEIR LIVES

PREPARATION:
1. Prepare an overhead transparency of Activity Sheet ME66.
2. Prepare a class set of Stress Case Study worksheets (Activity Sheet ME67)

VOCABULARY: stress, stressors

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Pages 37 to 38
i) define stress	1. Define the term 'stress'	Ask students what stress is. Use a dictionary and general discussion to define the term. Medically, stress is the rate of wear and tear on the body. It can be positive or negative. A good definition to use with students is: Stress is pressure from outside which makes you feel nervous inside.
ii) identify causes of stress	2. Brainstorm causes of stress.	Refer to Activity Sheet ME66. Use the overhead transparency to stimulate student responses. Causes of stress (or stressors) are any changes that occur in school, work, personal and leisure time.

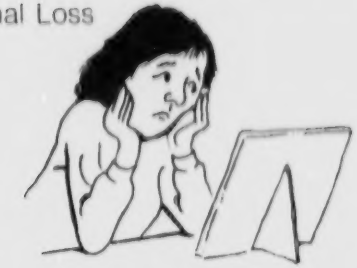
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		The causes of stress can be life threatening (a motor bike accident), or they can be minor (a bloody nose or a broken date). They can be joyful (winning a contest) or tragic (the death of a friend). Other examples include: - going on a date for the first time - pregnancy - quitting school - leaving home - trouble at home - change in - recreational activities - social activities - eating habits - holidays - money problems
	3. Classify the examples into positive and negative stress.	Record on an experience chart: **Positive** - attending school dance - birth in a family - special holidays (e.g., Christmas) **Negative** - death in a family - failing a grade - argument with a friend Discuss with the entire class.
	4. Make a class list of 10 - 15 common causes of stress among young people in the community.	Brainstorm what students believe to be the most common causes of stress for them.
	5. Rank these causes of stress from highest to lowest.	Discuss as a class.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Complete the Stress Case Study worksheet.	Refer to Activity Sheet ME67. Ask students to read the case study and identify the different ways Jeff can tell he is under stress.
iii) identify how stress affects the body	7. Describe how stress affects the body.	Ask students how their bodies tell them they are under stress. (Use the case study to help them.) Stress may affect the body physically or mentally. Ways in which stress may affect the body include: - pupils of the eyes get bigger - breathing speeds up - heart beats faster - blood pressure rises - hearing becomes sharper - muscles tense up - more energy is available (because the blood sugar level increases) - palms become sweaty - butterflies in stomach - headache - difficulty sleeping - skin rashes may occur

STRESS IS CAUSED BY...

ME66

Personal Loss

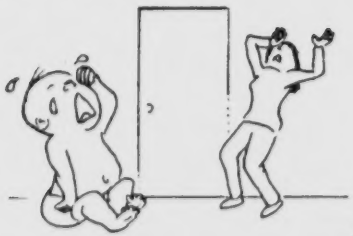


Death or Splitting Up

Stress is
PRESSURE
from outside
that can
make you
feel
nervous/worried/excited inside.

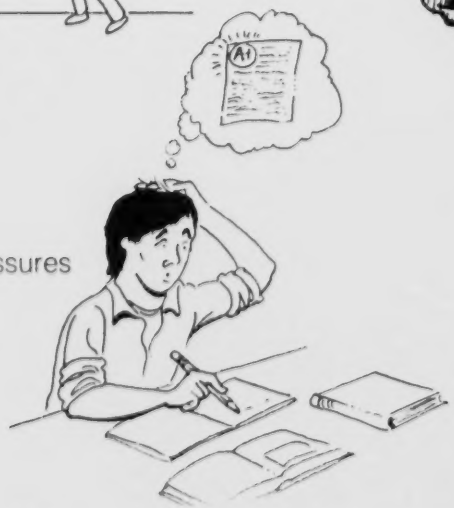
Change in Life-style

Family Changes



Going Away to School

School Pressures



Illness/Injury

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STRESS CASE STUDY

ME67

Jeff has been going out with Beth for about nine months. Lately, they've been arguing more and more. Today they're walking home from school together.

Beth: I saw you watching Jean in the Math class. I'm sick of you always looking at other girls, as if they all belonged to you.

Jeff: I wasn't watching Jean or any other girl. You're imagining things!

Beth: I'm not putting up with this any more. That's it. We're through!

Jeff's heart beat faster. He could hear it pounding inside his chest. His face got redder.

Jeff: That's not fair! However, if that's what you want, that's fine with me!

Jeff turned away. He really liked Beth. He didn't want their relationship to end like this. As he walked away, his stomach turned over and over. He felt sick! His palms were sweating and every muscle in his body felt like it had tightened up.

That night, it took him a long time to get to sleep. What should he do? Should he try again? Even after he finally fell asleep, he kept waking up and looking at the clock. He kept thinking about Beth.

Next morning, Jeff got up. His head was pounding. He didn't feel like eating breakfast. He wasn't even sure he wanted to go to school. He didn't want to see Beth. It hurt too much.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 4 THEME: COPING

CONCEPT: PEOPLE CAN LEARN TO DEAL EFFECTIVELY WITH STRESS IN THEIR LIVES

PREPARATION:
1. Prepare an overhead transparency of Activity Sheet ME68
2. Prepare a class set of Stress in My Life (Daily Record) worksheet (Activity Sheet ME69A)
3. Prepare a class set of Stress in My Life (Conclusions) worksheet (Activity Sheet 69B)

VOCABULARY: effective, react

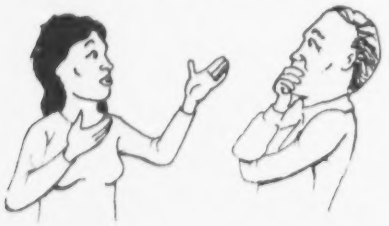
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify specific methods of dealing with stress	Students: 1. Describe specific effective ways of dealing with stress	Background Information: Pages 37 to 38 Refer to Activity Sheet ME68 Use the overhead transparency to stimulate student responses Effective ways of dealing with stress - do not physically or mentally harm anyone or anything - use a variety of coping skills - use coping skills in moderation

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Effective ways of dealing with stress include: - talking the problem over with a friend or family member - organizing one's time efficiently - relaxing daily - participating in physical activity on a regular basis - accepting what cannot be changed - seeking professional help
	2. Monitor situations which cause stress, how they are handled and alternative ways they might have been handled.	Refer to Activity Sheet ME69A. Have students keep a daily record of stressful situations, signs that they were under stress, what they could have done, etc. Keep the record over one or two weeks. (Each student needs 1 copy of the worksheet for 1 week.)
	3. Identify ways to deal more effectively with stress.	Refer to Activity Sheet ME69B. After students have kept their daily records over a one or two week period, have them answer the questions on Stress in My Life (Conclusions) worksheet. Make a class list of ways to deal more effectively with stress.

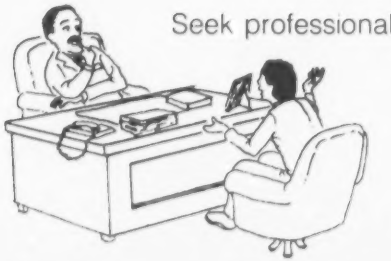
DEALING WITH STRESS

ME68

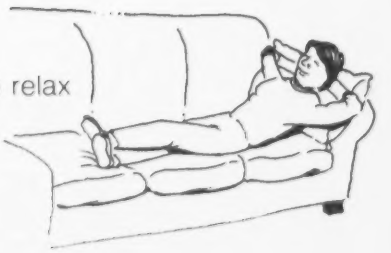
Talk it over with someone



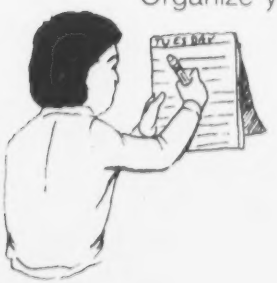
Seek professional help



Learn to relax



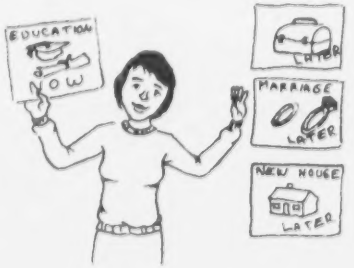
Organize your time



Deal with stress

Exercise regularly

Avoid stressful situations



Be realistic

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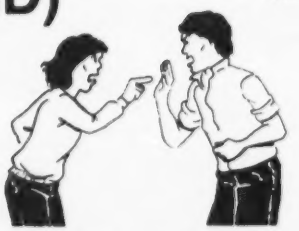
STRESS IN MY LIFE (DAILY RECORD)

ME69A



Think about a time during each day when you felt under stress.

Put a checkmark beside the signs which you experienced at that time.

Signs of Stress	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
headache/stomachache/backache							
skin rash							
difficulty sleeping							
tiredness							
heart beat faster							
palms became sweaty							
pupils of eyes got bigger							
muscles tensed up							
hearing became sharper							
butterflies in stomach							
breathing speeded up							
Brief description of what made you tense.							
How did you feel/react?							
Did you cope effectively?	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
What could you have done differently?							

STRESS IN MY LIFE (CONCLUSIONS)

ME69B

Now that you have kept a daily record of stress in your life, try to answer these questions for yourself.

1. What situations seem to cause you stress?

   a. _____

   b. _____

   c. _____

2. How does your body normally respond to stress?

   a. _____

   b. _____

   c. _____

3. How do you usually feel when you are under stress?

   a. _____

   b. _____

   c. _____

4. Do you usually cope effectively with stress?

   Yes_____ No_____

5. How can you cope with stress more effectively?

   a. _____

   b. _____

   c. _____

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 5 THEME: COPING

CONCEPT: UNCONTROLLED STRESS MAY LEAD TO DEPRESSION

PREPARATION:

VOCABULARY: depression, uncontrolled

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Pages 37 to 39
i) define depression	1 Define the term 'depression'	Use a dictionary and general discussion to define the term. Depression is a feeling of sadness, worthlessness or helplessness. These feelings are usually temporary.
ii) identify causes of depression	2 Brainstorm common reasons why adolescents feel depressed	Each individual has his/her own stress level. It is not the amount of stress which is important but the amount an individual can handle. One effect of too much stress could be depression. Brainstorm with students situations where too much stress (as identified in Lesson 3) could lead to depression. It is important to emphasize that everyone feels down or 'blue' from time to time. This is normal.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify the signals of depression	3. List some common signals of mild depression	Most people experience temporary feelings of mild depression from time to time. Some signals of mild depression are: - feeling sad - feeling rejected - feeling worthless - feeling helpless - feeling isolated - some loss of control - an inability to concentrate - a loss of interest in daily activities - withdrawal - fatigue Discuss with the entire class.
iv) identify ways of dealing with depression	4. Discuss methods of dealing with mild depression	Refer to Activity Sheet ME68 (from Lesson 4) Some methods of dealing with mild depression are: - to find something new to do - to associate with positive people - to talk problems over with a trusted family member, friend, teacher, public health nurse, clergy, elder, etc. - to do some physical activity
	5. Name support people who can assist young people in dealing with mild depression	Make a list of people: - in the community - in the region - who come to the community on a regular basis.
	6. Write and respond to a situation in which a teenager suffers mild depression	This can be done individually, in pairs, or in small groups. Have students write a "Dear Abby" letter outlining a problem which has caused a teenager mild depression. Have students exchange letters and respond to the letter which they receive, suggesting ways in which the teenager might deal with the problem and the depression.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 8 LESSON: 6 THEME: SUICIDE PREVENTION

CONCEPT: SEVERE DEPRESSION MAY RESULT IN SUICIDE

PREPARATION:
1. Prior to the lesson, invite a resource person (Doctor, Mental Health Worker) to the class to discuss suicide prevention with the students
2. Identify community/regional support people

VOCABULARY: suicide, prevention, homicide

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Pages 39 to 41 Teachers should be aware that some parents may have questions about a discussion on suicide in the classroom. Teachers should ensure, through the principal, that Local Education Authorities - and parents - understand why and how the topic of suicide will be addressed in the School Health Program. Teachers should also ensure they have sufficient knowledge of and comfort with the topic, and should be sensitive to the feelings of the students. They should also ensure that they know who local and regional support people are.
i) identify some basic facts relating to suicide	1. Discuss data relating to suicide	When depression lasts a long time or when many things go wrong at once, a person may feel that nothing can go right again. He/she may have thoughts of suicide.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		There are three main kinds of stress related to suicide: - stress of adolescent changes - stress of loss - stress to achieve People who seriously consider or attempt suicide feel: - alone (No one cares about me.) - helpless (I can't do anything about it.) - hopeless (Why even try?) - worthless (I'm useless) Using the following data, ask students to answer some questions about suicide in the NWT. - In 1986, fifteen people committed suicide in the NWT. - Eight of these suicide victims were between the ages of 16 and 25. - There are about 2½ times as many suicides as there are homicides. - Seven times as many men complete suicide as do women. Three times as many women attempt suicide as do men. - Cases have been documented of young children committing suicide, although it is rare. - There are many more attempted suicides than completed suicides.
	2. Participate in a discussion about suicide.	In small groups, have students discuss some of the following questions. - Why do you think people are often reluctant to talk about suicide? - How do you think a suicide affects family members and friends of the victim? (How does its effect on family and friends differ from other forms of death?) - Do you think that seeing death and violence on TV cause some people to have an unrealistic view of death?

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- Why do you think the number of suicides has been increasing in the NWT and Canada during the past few years? - Why do you think more men complete suicide attempts than women? Ask one person from each group to report back to the whole class.
ii) identify possible indicators of suicide	3. Discuss possible indicators of suicide	In some cases, people who are suicidal give prior indication of their intention. Knowledge of such indicators ***may*** help to alert friends, teachers etc. that someone is at risk. Some possible indicators of people at risk include: 1) Previous attempts at suicide 2) Threats of suicide 3) Extreme depression - withdrawal from friends, school, usual activities - writing letters/poems/stories about feelings of hopelessness/worthlessness, etc. - not recovering from depression (e.g., after loss of friend) 4) Changes in personality or behaviour - poor appetite - sleeplessness or sleeping too much - use of drugs - emotional outbursts with little cause (anger, crying, laughing) 5) Preparation for death - obtaining means to commit suicide (pills, gun, rope, etc.) - giving away personal possessions 6) A sudden mood improvement - person feels relieved/happy because problems will soon be over

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify sources of help in suicide prevention	4. Make a list of support persons who can help in suicide prevention.	Ask students to list key support persons from the community, family and friends. (Teachers too should be aware of key support people both in the community and region.)
iv) identify ways to prevent a suicide attempt	5. Discuss ways that teenagers may be able to help in a possible suicide situation.	Divide the class into small groups. Some ways that teenagers may help in preventing a possible suicide include: - listening carefully to the person - taking the person's problem seriously - seeking help immediately but not leaving the person alone - if talking on the phone, keeping the person talking until they can get someone else to contact the RCMP - avoiding statements such as "Don't worry" or "Your problem's not really that bad." - asking specific questions about the problem - reporting the crisis to someone to relieve guilt, anger or fear they may feel - seeking appropriate help irregardless of the person's request to keep the information a secret
	6. Discuss suicide prevention with a community resource person.	If the community has a resource person knowledgeable about suicide prevention, invite the person to participate in the class discussion.

GRADE 8

TEACHER BACKGROUND INFORMATION

MENTAL AND EMOTIONAL WELL-BEING

STRESS

Stress is "the body's response to any demands made on it by the environment and the people in it". (Hans Selye) Medically, stress is the rate of wear and tear on the body. Stress can be positive or negative and occurs in various forms — mental, emotional and physical. Stressors are those things that produce stress.

Positive stressors

- school dance
- birth in the family
- winning a prize
- special holidays
- first day of school

Negative stressors

- death in the family
- failing a grade
- fighting with friends
- divorce of parents
- change of schools
- confusion about future
- social isolation
- low self-esteem

Positive stress usually helps us do things well e.g., perform.

Negative stress can be harmful if a person has not developed ways of coping with it. Awareness of stress and the development of coping mechanisms are important in avoiding the consequences of negative stress.

Awareness of Stress

Negative stress is often indicated initially by the body's reaction to it. The most common signals can be grouped into three categories:

Obvious body reactions	Less obvious body reactions
1. skin rashes 2. pain (headache, stomachache, backache etc.) 3. faintness, dizziness 4. disturbed sleep pattern 5. extreme tiredness	1. heart beats faster 2. pupils dilate 3. breathing speeds up or becomes difficult 4. blood pressure rises 5. hearing becomes more acute 6. muscles tense 7. increased perspiration 8. unusual pain with no obvious cause
Behavioural reactions	
- nervous habits (twirling hair, laughter etc.) - memory loss, lack of concentration - blowing things out of proportion - irritability, moodiness, etc. - absenteeism - withdrawal	

Not even young children are immune from pressure. Teachers should be aware of and take steps to help relieve factors at school that may cause too much stress on a particular student.

If a person does not learn to deal with stress, serious physical and/or mental problem conditions can result. Some problem conditions related to stress include:

Problem	Brief Description
addiction	· dependence on mood-altering substances e.g., alcohol, codeine, coffee etc.
anxiety	· a feeling of extreme apprehension · symptoms may include: pounding heart, sweating palms, loss of appetite, insomnia
anorexia nervosa	· extreme anxiety may lead to loss of appetite or to seeing oneself as too fat · malnutrition results · mainly seen in teenage girls
bulimia	· extreme binge eating, followed by self-induced vomiting
depression	· a feeling of chronic tiredness, hopelessness, apathy · often with physical symptoms · may lead to suicidal tendencies
hypertension	· associated with high blood pressure · a factor in both coronary heart disease and stroke
mental illness	· escape from reality as in neuroses and psychoses
psychosomatic illness	· emotional factors that contribute to illnesses such as ulcers, asthma, colitis

Dealing with Stress

Although people attempt to deal with stress in a number of different ways, it is important to learn appropriate methods of stress management.

Inappropriate methods of stress management	Appropriate methods of stress management
· denial, suppression · displacement (kick the dog) · (self-deprecating) humour · projection · fantasy · selective memory	· talking problems over with family members or friends · prioritizing work · accepting things one cannot change · being realistic (realistic goals) · getting enough rest and sleep · eating balanced meals · exercising (mild, strenuous, muscle tension reducing) · developing an emotional support system (family and friends) · diet · reordering of values · medical examination · meditation · resolution of interpersonal conflicts · prayer · time management · arranging for enjoyable (relaxing) activities — at least daily · developing and using assertiveness skills · making use of humour · being an encouraging person · arranging for variety in one's life · job preparedness · control of finances (budget plan)

ME38

DEPRESSION

Depression is a common mood disturbance which produces feelings of sadness, loneliness, disappointment, etc. It can affect anyone at any time. It also affects different people in different ways. It ranges from mild to severe.

Depression may be due to:

biological factors	- chemical imbalances in the brain possibly due to heredity
social/environmental factors	- the death of a loved one; stress from a job or school, arguments between parents; serious family illness; isolation; disruption of life; poverty; alienation; the breakdown or lack of social values; a history of family violence
psychological factors	- 'the self' — the combination of neurochemicals, thoughts, sensations and emotions that lead us to react to social/ environmental factors in an individual fashion

Depression is often characterized by sleep disturbances, changes in eating habits, anxiety, a tendency to be uncommunicative and a pervasive sense of hopelessness and gloom. Many young people with depression have trouble concentrating on their school work, drop out of organizations and activities and begin to shun their friends.

When depression is severe and continues for an extended length of time, professional help is necessary.

SUICIDE IN YOUNG PEOPLE

Suicide often raises questions among parents and other community members about its suitability as a classroom topic. It is important that teachers, through the principal, ensure that the local Education Authority and parents understand why and how the topic is addressed in the School Health Program.

Research has shown that talking about suicide ***does not*** encourage people to try it, a commonly-held misconception. On the contrary, it is an important first step toward prevention.

In the School Health Program, there is a natural progression through dealing with stress and dealing with depression to a discussion on suicide. Since the program is preventive in nature, the emphasis is on the prevention of suicide. Teachers and peers are often in a unique position to recognize a potential suicide and to take action, however they must know what signs to look for and where to turn for help.

The incidence of suicide in young people has increased dramatically over the past twenty years and is now one of the primary leading causes of death within this age group.

Teachers should be extremely sensitive to the feelings of students in their class when discussing suicide. This is particularly true in a community which has experienced a suicide.

Why Do Young People Commit Suicide

The reasons are open to conjecture, but many authorities point to a greater sense of social turmoil and a greater alienation from the family as a supportive network. Increasing mobility, with many families frequently uprooting and living long distances from other supportive family members, creates a sense of impermanence, instability and a lack of continuity. Divorce, disturbed family structures, cultural identity crisis and changing value systems take their toll as well, leaving many young people without the sense of belonging and direction which was common in the past.

Competition and pressure to succeed, feelings of personal ineffectiveness in the face of an increasingly complex social environment, inability to cope with the greater independence offered at a younger age, lack of trusted adults and institutions to look up to, and increased use of drugs and alcohol — are also among the frequently cited causes of young suicide. These things usually involve some sort of loss to the individual — love, security, ambition, status, image, hope.

The Young Victims - Who are They?

Suicide is prevalent in all types of young people and no categories can be ruled out. It is important to remember that there is no particular "type" of young person who is a potential suicide. But frequently the one who commits suicide is the one who doesn't come to mind at all — the student who is quiet, isolated, aloof, no trouble to anybody. It is boys and girls such as these who often need attention but don't get it at home or in school simply because their behaviour doesn't demand it.

In all kinds of young people, however, several stress factors add to the risk of suicide. The loss of a loved one, through death, divorce or the breakup of a close personal relationship, is extremely important. Other kinds of loss — loss of status because of academic, social or sports failure, loss of face or loss of health, can also make young people vulnerable to suicide.

A history of drug or alcohol use (alcohol is the drug most often linked to suicide and other forms of violent behaviour), a background of mental or emotional instability, alienation from family, and impulsiveness are often found in young suicide victims. But the absence of these things does not preclude the possibility of suicide. However, if the danger signs are there, it is time to act.

Possible Indicators of Suicide

It is important to understand that it is not always possible to identify potential suicide victims, although being aware of possible indicators increases the chances of saving the life of a young person who may be contemplating suicide.

Students at risk include those who:

- make suicide threats, or references to death. Before committing suicide people may threaten very directly to kill themselves or make thinly veiled comments e.g., that they wish they were dead, that they are a burden on friends and relatives, and that everyone would be better off without them. Such threats and remarks should always be taken seriously.

- have made previous suicide attempts. Many people who commit suicide have made at least one previous attempt. An attempted or successful suicide by another member of the family is also cause for concern.

- exhibit sudden changes in behaviour. Both the person who suddenly becomes withdrawn and aloof and the normally reserved person who starts seeking thrills (reckless behaviour) may be at risk. Such changes are particularly dangerous when they follow a loss or disturbance in that person's life.

- suffer severe depression. Depression is often manifested by crying, sleeplessness, changes in appetite or feelings of hopelessness. Paradoxically, depression can be most dangerous when it seems to be getting better. While in the depths of depression, the person may wish to die and may actually plan to end his life, but lacks the will power to do it. As the depression lifts, the ability to act returns and suicide plans made earlier may now be carried out.

- seem to be making final arrangements. Another kind of behaviour common to people contemplating suicide is to make final arrangements or to 'get their affairs in order'. In the adult, this often entails preparing a will and reviewing insurance papers. In the young person, it is more likely to involve giving away treasured personal possessions.

What To Do If You Suspect Someone is Contemplating Suicide

In society generally suicide is often viewed as something shameful. The person with suicidal thoughts may know this and be reluctant, at a time when s/he needs someone most, to discuss his/her feelings with anyone.

The best thing to do if someone makes suicidal statements is to show concern and to ask questions in a straightforward and calm manner. Ask how serious s/he is. Ask what feelings have prompted the desire to commit suicide. Ask about the home situation and relations with friends. Ask if the person has talked with anyone else about suicide. Ask if consideration has been given to the means of suicide and, if so, if any steps have been taken to procure those means, such as obtaining a gun or drugs. Ask if s/he would be interested in speaking with someone who is more expert in such problems.

Your questions accomplish three important goals. They show that you are willing to discuss the subject and that you are not appalled or disgusted by it. They will open lines of communication, allowing the student to talk about the way s/he feels, which alone may help him to feel better and to believe that someone will help him. And the questions will help evaluate the seriousness of the problem.

Get Help

Even if you are successful in talking openly and frankly with the potentially suicidal student, it is important not to take too much upon yourself. People who are seriously suicidal will sometimes reach a point where they purposely mislead those who are trying to help them by acting as though the crisis is past. Whenever a risk of suicide exists, it is important to get professional help for the person (school counsellor, doctor, nurse, clergyman, mental health worker).

Teachers should check in their community to identify which resources are available.

Resource or support people in the community might include:	
- mental health worker	
- social worker	
- school counsellor	
- doctor/nurse	
- religious leader/church worker	
- parents	
- elders	
- trusted friends	

What Not To Do

Teachers should not feel obligated to keep promises of secrecy if they consider the situation life-threatening, if a student requests that the matter be kept confidential. A young person's life may depend on getting him/her professional help.

It is important not to offer platitudes or simple answers to serious problems. Telling the potential suicide victim to think about "how much better you have it than most people" and that "you should be thankful for how lucky you are" only enhances the feeling of guilt that many suicidal people already have and makes them feel even more worthless and hopeless.

Accept the problem as serious; talk about it openly and frankly; get help when it is needed.

Adapted from: ***Suicide in Youth and What You Can Do About It - A Guide for School Personnel*** prepared by the Suicide Prevention and Crisis Center of San Mateo County, California in cooperation with The American Association of Suicidology, and Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pennsylvania, February, 1987.

ME41

GRADE 8

FAMILY LIFE

THE FAMILY LIFE UNIT

INVOLVEMENT OF PARENTS

Parents are the primary educators of their children on family life education. Schools should play a supporting role to supplement parental education.

Generally, most parents support family life education in school. However, they may have a number of questions about the program before they will give that support. For that reason, it is vital for schools to involve parents in discussing the unit, ***before using the materials.***

Parents must be given an opportunity to find out what will be taught in the lessons, to meet the teachers (and other resource people) who will be delivering the program, and to ask questions. This can be done most effectively by holding a parent information session.

This should include:

- the principal of the school
- teachers who will be teaching the lesson
- any resource people, such as the community health nurse, who might be involved with the lessons.

Most parents attending the meeting want to find out about the content, objectives and methods used in the unit. Basic information during the session should include:

- a brief outline of the program
- a sample of some of the activities in which students will participate
- sample handouts
- copies of any activities in which parents will participate during the evening
- translation of goals, etc., as necessary
- viewing of any films which may be used

It is important to emphasize that the purpose of the Family Life unit is to support, and not to replace, the parent or family role and responsibility. The parent information session is one important way for teachers to show that they want and welcome parental support, involvement and concern.

Parent meetings are often a good opportunity to initiate ongoing parenting groups. Parents may decide to meet regularly during the year to discuss topics related to Family Life or other health programs going on in the school. The G.N.W.T. Family Life Education Consultants may be able to assist in the development of parent groups.

Following the meeting, parents will be able to decide whether they want their children to be involved in the lessons.

PARENTS, WHO DO NOT WISH THEIR CHILD(REN) TO PARTICIPATE IN THE LESSONS, MAY INDICATE TO THE SCHOOL THAT THEY WILL BE WITHDRAWING THEIR CHILD(REN) FROM THIS PARTICULAR UNIT. PARENTS MUST MAKE THE FINAL DECISION.

Schools must make alternative arrangements for students who are withdrawn from these classes.

In order to withdraw their child(ren) from the classes, parents must sign a withdrawal form (see sample).

FAMILY LIFE CLASSES

NAME: _____

GRADE: _____

I do not wish _____ to participate in the Family Life classes which will be offered by the school in the near future.

_____

Parent/Guardian signature

_____

Date

Because of the need to foster a positive classroom atmosphere, teachers need to take time to get to know their students. Teachers should teach the Mental and Emotional Well-Being and the Growth and Development units before introducing the Family Life lessons. Many of the skills which students will be developing in the Mental and Emotional Well-Being unit, such as decision-making skills, communication skills, relationship building and coping skills, will assist in the development of an atmosphere conducive to effective Family Life education.

GRADE 8

GROWTH AND DEVELOPMENT

GROWTH AND DEVELOPMENT

GRADE 8

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BODY SYSTEMS	The skeletal system supports and protects the body and allows for movement	i) name and locate the major bones of the skeletal system
2	BODY SYSTEMS	The skeletal system supports and protects the body and allows for movement	i) describe the functions of the skeletal system ii) state the importance of the skeletal system
3	BODY SYSTEMS	The skeletal system supports and protects the body and allows for movement	i) identify the types of skeletal joints, their locations and functions ii) describe the structures related to a movable joint
4	BODY SYSTEMS	The skeletal system supports and protects the body and allows for movement	i) describe common problem conditions related to the skeletal system ii) describe ways to care for the skeletal system
5	BODY SYSTEMS	The muscular system supports and protects the body and provides shape	i) name and locate the major muscle groups of the muscular system ii) describe how the muscular system produces body movements iii) describe the functions and importance of the muscular system
6	BODY SYSTEMS	The muscular system supports and protects the body and provides shape	i) describe common problem conditions and injuries of the muscular system ii) describe ways to prevent muscle injury
7	PHYSICAL FITNESS	Physical fitness is essential for optimal health	i) identify the components of physical fitness ii) describe ways in which each fitness component can be developed
8	PHYSICAL FITNESS	Physical fitness is essential for optimal health	i) assess their personal physical fitness levels ii) describe the structure of a well-planned physical fitness program iii) participate in a well-planned fitness program

GROWTH AND DEVELOPMENT

GRADE: 8 **LESSON: 1** **THEME: BODY SYSTEMS**

CONCEPT: THE SKELETAL SYSTEM SUPPORTS AND PROTECTS THE BODY AND ALLOWS FOR MOVEMENT

PREPARATION:

1. Prepare overhead transparencies of Activity Sheets GD69A, 69B, 70A (70B - Teacher Answer Guide)
2. Prepare a set of Human Skeleton and Bones worksheets for each pair of students (Activity Sheets GD71A, 71B and 71C), scissors
3. Prepare a class set of the Ezekial Chant (Activity Sheet GD72)

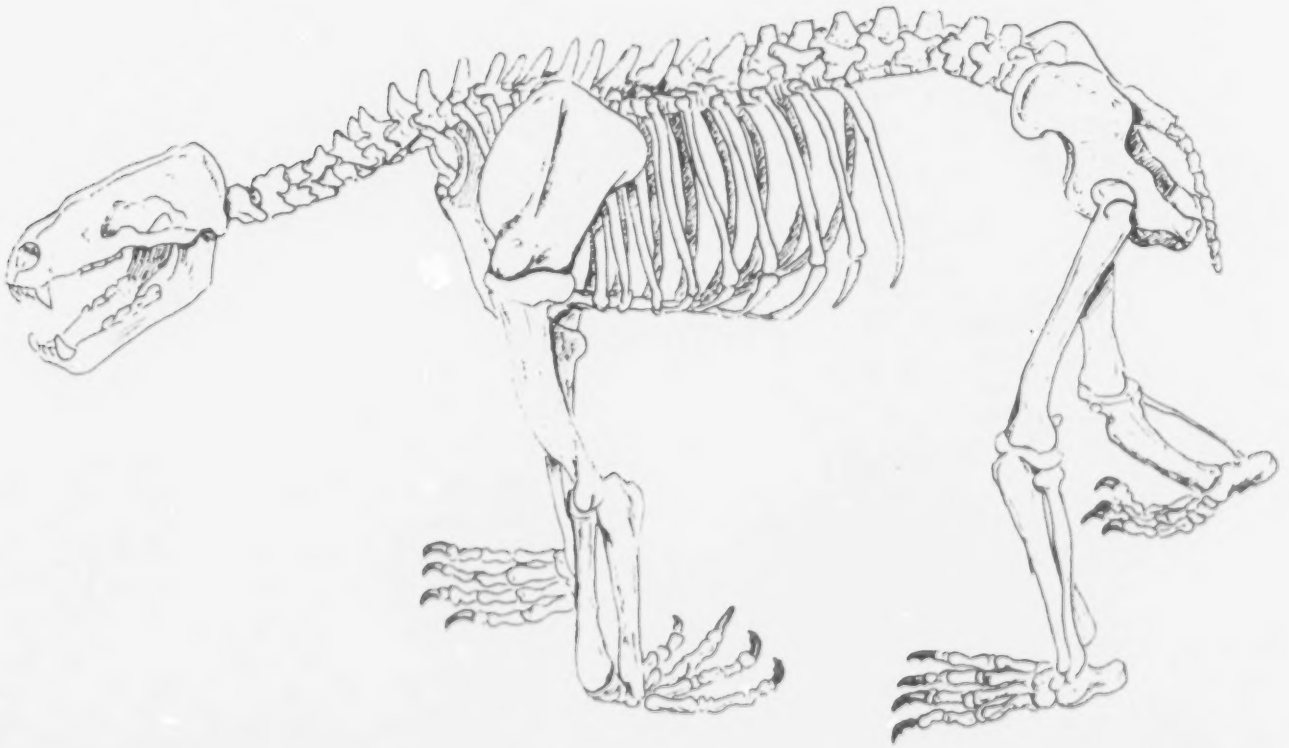
VOCABULARY: skeleton, skeletal

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) name and locate the major bones of the skeletal system	Students: 1. Explain what a skeleton is 2. Explain the skeletal system	Background Information: GD79 to GD82 Refer to Activity Sheets GD69A and 69B Using the overhead transparencies, have students explain what a skeleton is. A skeleton is a framework of bones. Have students explain what is meant by the term 'skeletal system'. The skeletal system is the framework of bones which supports and protects the body and allows for movement.

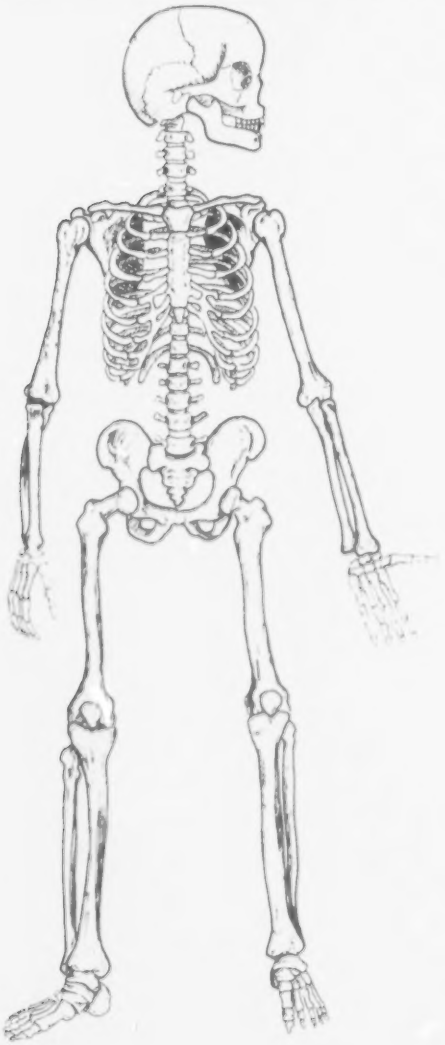
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Name the major bones of the skeletal system.	Refer to Activity Sheets GD70A and GD70B (Teacher Answer Guide). Using the overhead transparency, ask students to name the major bones.
	4. Practise naming the bones and their location.	Refer to Activity Sheets GD71A, 71B and 71C. In pairs, have students assemble the human body from the worksheets. Practise placing the names on the correct bones.
	5. Learn the chant 'Ezekial'.	Refer to Activity Sheet GD72.

SKELETON OF A NORTHERN ANIMAL (BEAR)

GD69A

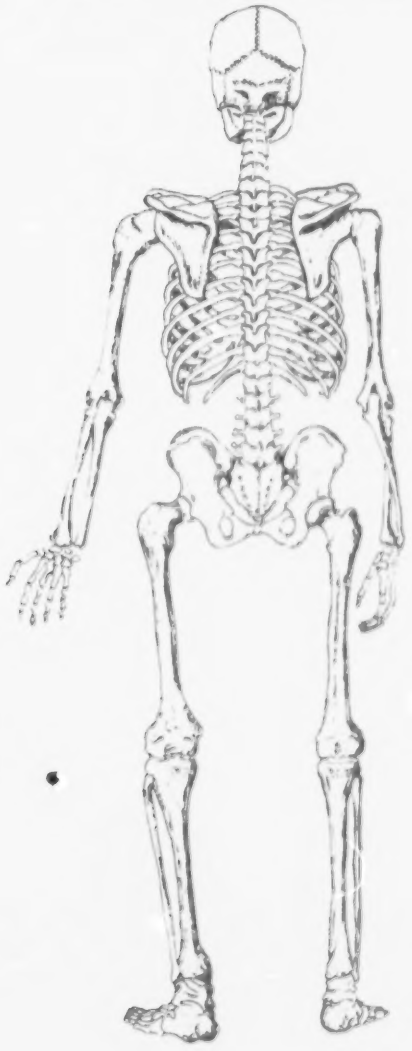


Front view of Human Skeleton



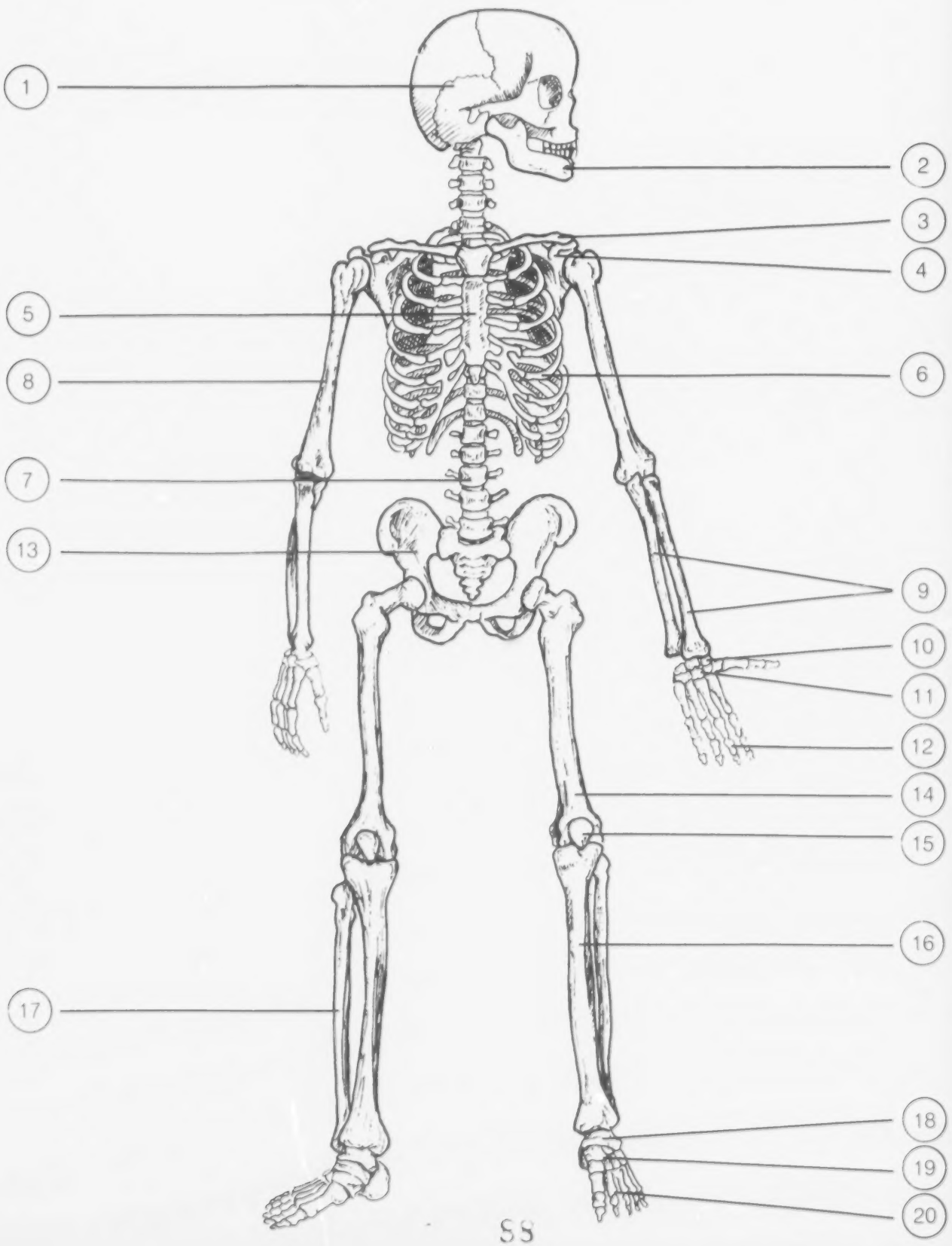
Back view of Human Skeleton

GD69B



HUMAN SKELETON

GD70A



HUMAN SKELETON

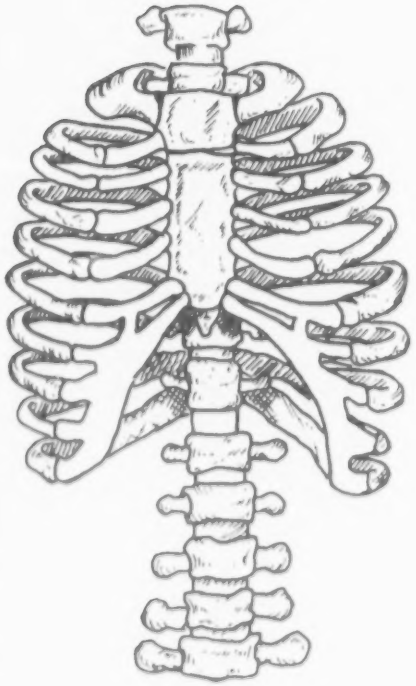
GD70B

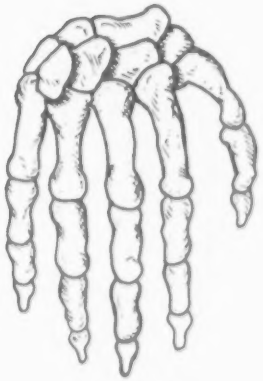
Teacher Guide

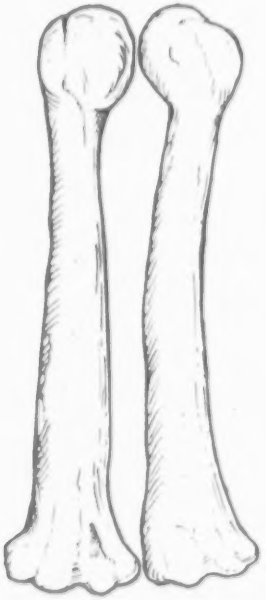
1. Head bone (skull)
2. Jaw bone (mandible)
3. Collar bone (clavicle)
4. Shoulder blade
5. Breast bone
6. Rib
7. Back bone or Spine
8. Upper arm bone
9. Lower arm bones
10. Wrist bone
11. Hand bone
12. Finger bone
13. Hip bone (pelvis)
14. Thigh bone
15. Kneecap
16. Shin bone
17. Calf bone (fibula)
18. Ankle bone
19. Foot bone
20. Toe bone

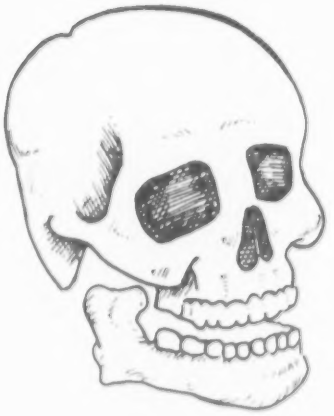
HUMAN SKELETON

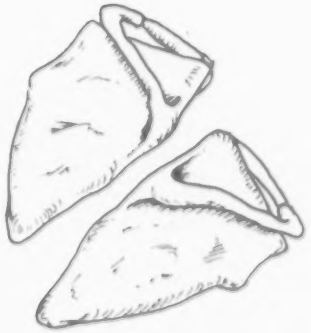
GD71A

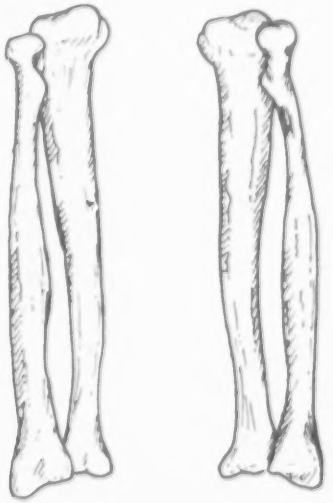












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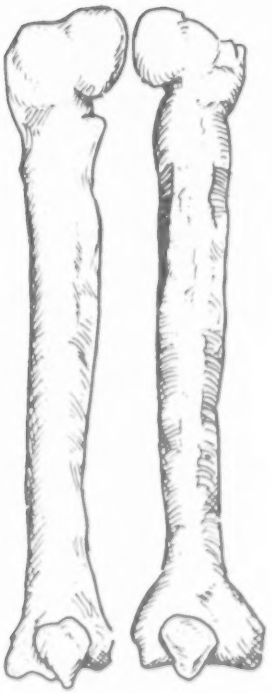
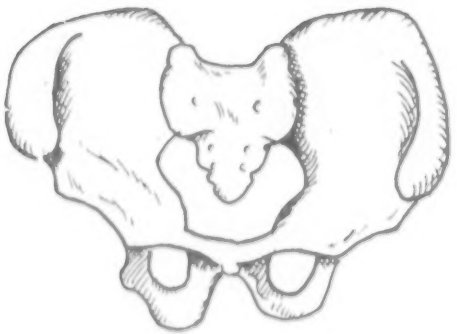
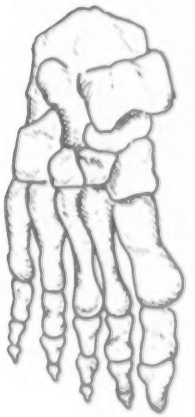
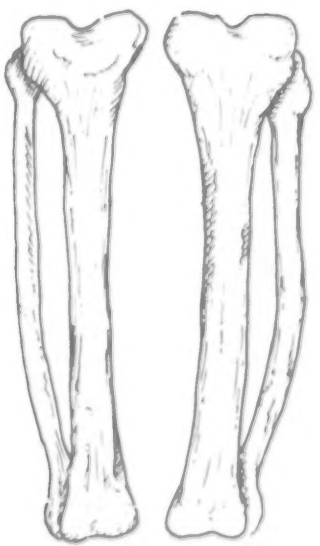
BEST COPY AVAILABLE

GD71B









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BONES

GD71C

Cut these names out and use to label on the human skeleton diagram.

skull	finger bone	rib	upper arm bone	jaw bone
kneecap	toe bone	hand bone	back bone	collar bone
calf bone	hip bone	lower arm bones	thigh bone	breast bone
shin bone	ankle bone	wrist bone	foot bone	shoulder blade

EZEKIAL (CHANT)

GD72

Ezekial connected 'dem dry bones.
Ezekial connected 'dem dry bones.
Ezekial connected 'dem dry bones.
'Dem bones 'dem bones 'dem bones!

The toe bone's connected to the foot bone
The foot bone's connected to the ankle bone
The ankle bone's connected to the shin bone
The shin bone's connected to the kneecap
The kneecap's connected to the thigh bone
The thigh bone's connected to the hip bone
The hip bone's connected to the back bone
The back bone's connected to the rib bone
The rib bone's connected to the breast bone
The breast bone's connected to the shoulder blade
The shoulder blade's connected to the collar bone
The collar bone's connected to the arm bone
The arm bone's connected to the wrist bone
The wrist bone's connected to the hand bone
The hand bone's connected to the finger bone
'Dem bones 'dem bones 'dem bones.

Ezekial forgot about the head bone.
Ezekial forgot about the head bone.
Ezekial forgot about the head bone.
'Dem bones 'dem bones 'dem bones.

The head bone's connected to the jaw bone
The jaw bone's connected to the collar bone
The collar bone's connected to the back bone
The back bone's connected to the hip bone
The hip bone's connected to the thigh bone
The thigh bone's connected to the kneecap
The kneecap's connected to the calf bone
The calf bone's connected to the ankle bone
The ankle bone's connected to the foot bone
The foot bone's connected to the toe bone
'Dem bones 'dem bones 'dem bones.

adapted by Barbara Hall

GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 2 THEME: BODY SYSTEMS

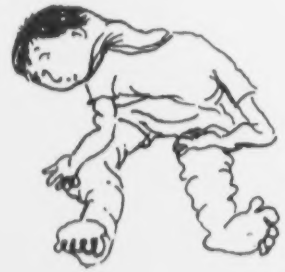
CONCEPT: THE SKELETAL SYSTEM SUPPORTS AND PROTECTS THE BODY AND ALLOWS FOR MOVEMENT

PREPARATION:
1. Materials for activities in Student Activity 1 (materials to make a scarecrow, vinegar, bone, egg, finger splint and adhesive tape, animal or chicken carcass, shin bone from caribou or beef)
2. Prepare an overhead transparency of Activity Sheet GD73

VOCABULARY: minerals, marrow, calcified

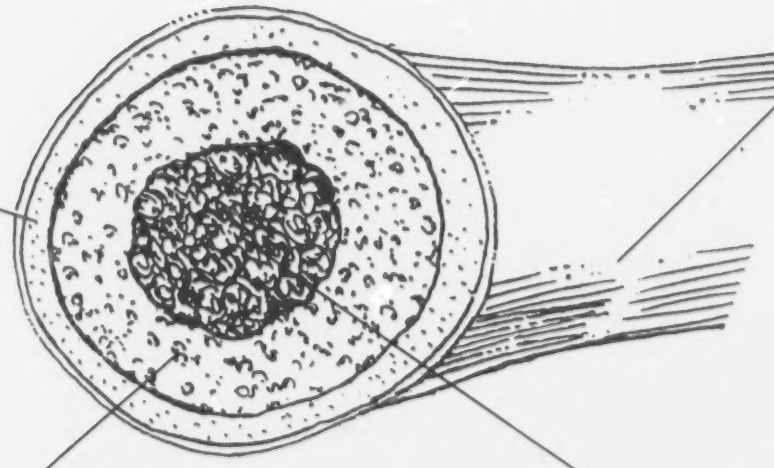
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe the functions of the skeletal system	Students: 1. Identify the functions of the skeletal system	Background Information: GD79 to GD82 Refer to Activity Sheet GD73 Use these concrete activities to illustrate the functions of the skeletal system: Function: Supports body. Gives it its human shape Activity 1: Make a scarecrow from wood and clothes. Remove the wooden skeleton and observe what happens to the clothes. Activity 2: Soak a bone in vinegar for a few days. It becomes soft and will not support the body this way. (The vinegar dissolved the calcium.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Function: Protects vital organs Activity: Show a drawing of the skull and have students state that the brain is located inside. To illustrate the protective function of the skull use a raw egg to form an analogy. The skull protects the brain like an egg shell protects the egg. Break the egg to show what happens if the protection is lost. Function: Allows movement (at joints) Activity: Put a splint on the finger of a volunteer. Students will see that various bones of the skeletal system are joined in such a way as to allow movement. The splint interferes with the natural structure of the skeletal system and prevents movement. Function: Provides foundation for muscles Activity: Obtain an animal carcass, raw chicken or piece of meat with bones. Observe where muscles attach to bones. Function: Produces blood cells Activity: Obtain a shin bone from a local hunter or butcher. Cut it in half to observe the structure. (Refer to Activity Sheet GD73.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) state the importance of the skeletal system	2 Write a poem describing what they would be like without bones.	Have students write a poem such as the following. **Without Bones** I'd have no shape I'd be a blob To get some blood I'd have to rob My brain might bruise I couldn't move Loose muscles are really hard to use. Barbara Hall Be sure they include all functions of the skeletal system in their poems. 

INSIDE A BONE

GD73


skin (if the bone is fresh, there will be small red dots where blood vessels go into the bone)
calcified bone (mineral deposits which make the bone hard and strong)
marrow (where red blood cells are produced)
spongy bone

GROWTH AND DEVELOPMENT

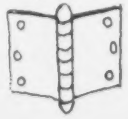
GRADE: 8 LESSON: 3 THEME: BODY SYSTEMS

CONCEPT: THE SKELETAL SYSTEM SUPPORTS AND PROTECTS THE BODY AND ALLOWS FOR MOVEMENT

PREPARATION:
1. Prepare an overhead transparency of Activity Sheets GD74 and GD75
2. Collect materials as described in Student Activity 2

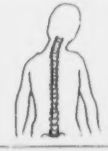
VOCABULARY: joint, movable, immovable, gliding, pivot

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the types of skeletal joints, their locations and functions	Students: 1. Define a joint 2. Locate various body joints and describe what they allow the body to do	Background Information: GD79 to GD82 A joint is formed where two bones meet Refer to Activity Sheet GD74 Ask students to point to various body joints and describe what kind of movement it allows the body to do e.g. - bending - stretching - swivelling - pivoting - reaching - grasping/releasing - etc

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Using the overhead transparency, describe the types, location and function of various joints. Obtain as many concrete materials as possible to illustrate how these joints move. For example: Hinge joint:  Use a door hinge to show that it moves only in 1 direction. Ball and socket: Obtain a ball and socket attachment from D.P.W., or a spot light which can be angled in any direction. Slightly movable: Obtain a piece of armoured electrical cable from D.P.W. Pivot: Demonstrate a basketball pivot to illustrate. X-rays may be available from the nursing station and can be shown on an overhead projector to illustrate the structure of various joints.
ii) describe the structures related to a movable joint	3. Describe structures related to a joint.	Refer to Activity Sheet GD75. Ask a hunter or butcher for an animal joint. Cut the joint up. Have students examine the different structures related to the joint.

MOVING AND SHAKING

GD74

Type of joint	Location	Function
gliding	wrist ankle	movement support
immovable	skull	protection
hinge	elbow knee finger	opens and closes flexibility in 1 direction
ball-and-socket	hip shoulder	the most movable type of joint moves up, down and sideways
slightly movable	spinal column	slight movement support
pivot	neck (top of spinal column) 	movement side to side/forward and support back

STRUCTURE OF A JOINT

GD75

muscle (works with joints to permit all movement in the body)

tendons join muscles to bones

bones

cartilage cushions the end of bones

ligaments join bones to bones

GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 4 THEME: BODY SYSTEMS

CONCEPT: THE SKELETAL SYSTEM SUPPORTS AND PROTECTS THE BODY AND ALLOWS FOR MOVEMENT

PREPARATION:
1. Collect props to demonstrate ways to care for the skeletal system
2. Prepare a class set of Ways to Care for the Skeletal System worksheet (Activity Sheet GD76A)
3. Prior to the class, arrange for students to visit the nursing station to see a cast being prepared

VOCABULARY: fracture, sprain, dislocate, arthritis, osteoporosis, rickets

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe common problem conditions related to the skeletal system	Students: 1. Brainstorm common problem conditions related to the skeletal system.	Background Information: GD79 to GD82 Common problem conditions related to the skeletal system include: - fracture - sprain - dislocation - torn cartilage or ligament - slipped disc - rickets - arthritis - osteoporosis

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) describe ways to care for the skeletal system	2. Identify ways to care for the skeletal system.	Use a variety of props, activities and pictures to illustrate ways to care for the skeletal system. 1) Follow Canada's Food Guide to ensure adequate calcium supply Remind student of how the vinegar dissolved the calcium necessary for hard bones (Lesson 2, Student Activity 1) Show foods which supply calcium: milk, cheese, yoghurt, ice cream. Ask an elder in the community who remembers rickets to talk about the effect. Rickets cause people to be bow-legged. 2) Wear protective equipment when playing contact sports, riding ATV's, etc. Show helmet, shin pads or other protective equipment. Discuss. 3) Bend knees, keep back straight when lifting heavy objects. Demonstrate and have students practise proper lifting techniques. 4) Wear shoes which fit properly. Show a pair of high heels and a pair of running shoes. Discuss which is better for the bones of the feet.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		5) Exercise daily to keep bones strong — Show a picture of someone exercising (e.g. skiing). Increased blood flow causes bones to become thicker and stronger in the areas being exercised. Also, muscles become stronger and provide more support to the skeletal system (like a girdle).
		6) Get adequate rest and sleep daily — Show a picture of someone sleeping. Sleep is necessary to repair all body tissues (including bones) after normal, daily wear and tear.
		7) See a doctor or nurse if bone or joint injuries are suspected — Visit the nursing station and ask the nurse to apply a splint or cast for a hypothetical broken bone.
	3 Complete Ways To Care For The Skeletal System worksheet.	Refer to Activity Sheets GD76A and GD76B (Teacher Answer Guide).
	4 Write a brief report on a common problem condition related to the skeletal system.	While at the nursing station for Student Activity 2 have the nurse demonstrate/describe the treatment of various problem conditions related to the skeletal system. Once back in class ask each student to write a report on one problem condition and its treatment.

WAYS TO CARE FOR THE SKELETAL SYSTEM

GD76A

1) A helmet is worn to _____ the skull from injury.

⇨ Give three examples of activities where protective equipment is needed.

_____ _____ _____

2) Milk contains _____ which makes bones strong.

⇨ Give three examples of foods which are good sources of this mineral.

_____ _____ _____

3) Lift heavy objects by bending your _____, not your _____.

⇨ Demonstrate proper lifting technique.

4) If shoes do not _____ _____ bones in the feet will be cramped or will lack proper support.

⇨ Trade shoes with a classmate. Do they fit properly? Why? Why not?

5) _____ makes bones and muscles stronger.

⇨ What do you do? _____

Is this enough? _____

6) _____ is the time when all body tissues, including bones repair themselves after normal wear and tear.

⇨ How many hours of this do you get? _____

Is this enough? _____

WAYS TO CARE FOR THE SKELETAL SYSTEM

GD76B

(Teacher Answer Guide)

1) A helmet is worn to p r o t e c t the skull from injury.

⇨ Give three examples of activities where protective equipment is needed.

_____ _____ _____

2) Milk contains c a l c i u m which makes bones strong.

⇨ Give three examples of foods which are good sources of this mineral.

_____ _____ _____

3) Lift heavy objects by bending your k n e e s not your b a c k.

⇨ Demonstrate proper lifting technique.

4) If shoes do not f i t p r o p e r l y bones in the feet will be cramped or will lack proper support.

⇨ Trade shoes with a classmate. Do they fit properly? Why? Why not?

5) E x e r c i s e makes bones and muscles stronger.

What do you do? _____

Is this enough? _____

6) S l e e p is the time when all body tissues, including bones repair themselves after normal wear and tear.

⇨ How many hours of this do you get? _____

Is this enough? _____

GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 5 THEME: BODY SYSTEMS

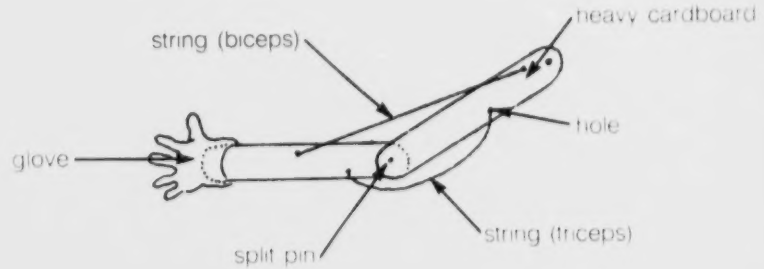
CONCEPT: THE MUSCULAR SYSTEM SUPPORTS AND PROTECTS THE BODY AND PROVIDES SHAPE

PREPARATION:
1. Prepare an overhead transparency of Activity Sheet GD77
2. Prepare a class set of Muscles worksheets (Activity Sheet GD78)
3. Prepare a class set of Functions of the Muscular System (Activity Sheet GD79A - 79B, Teacher Answer Guide)
4. Materials for sample arm.

VOCABULARY: contract, relax, flexible, posture, pectoral, biceps, triceps, gluteus maximus, quadriceps, hamstring

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) name and locate the major muscle groups of the muscular system	Students: 1. Define the term 'muscle' 2. Observe one muscle in action. 3. Name and locate the major muscle groups of the muscular system	Background Information: GD83 to GD84 A muscle is made up of cells which contract and relax to make the body move. Have students bend and stretch one arm and clench the fist. With the opposite hand, feel the action of the muscle (biceps). Ask students if they know the name of this muscle. Refer to Activity Sheet GD77 Using the overhead transparency, name and locate the major muscle groups. Explain that muscles work in teams. Every set of muscles has an opposing set of muscles to allow movement to be reversed.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Name and locate the major muscle groups on their own bodies.	Refer to Activity Sheet GD78. Have students cut out the names of each muscle group and stick them on their own bodies in the appropriate locations. Check with a partner if it is the right location.
ii) describe how the muscular system produces body movements	5. Describe how muscle groups act on body joints to produce movement at the joints.	Make a simple arm as shown.



The cardboard = bone
string = muscles
split pin = elbow joint

Muscles can contract or relax. A contracted muscle shortens causing the joint to move. Demonstrate this by shortening the biceps string. The elbow joint closes (or flexes). To produce the opposite joint movement (or to extend the elbow) two things must happen simultaneously:

i) the triceps string must shorten (contract)
ii) the biceps string must lengthen (relax)

(Note: that the common expression, "flex your muscle", is not physiologically correct. Joints flex and extend (close and open) while muscles simply contract or relax.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Identify muscle groups responsible for various movements.	Have students bend and straighten their elbows and identify which muscles are responsible. i.e., elbow bent — biceps contracted, triceps relaxed elbow fully straight — biceps relaxed, triceps contracted In general when a joint is closing (i.e., when the angle between the two bones which make up the joint is getting smaller) the muscles which cross that joint are contracting. Try these examples with students: 1) Close fist tightly — (The muscles on the palm side of the hand and wrist are contracting. The muscles on the back of the hand and wrist are relaxing.) Open hand flat — (The contracted muscles are now relaxing and vice versa.) 2) Lie on side. Bend knee and try to touch heel to bottom — (The hamstrings are contracting. The quadriceps are relaxing.) Straighten knee fully — (The quadriceps are contracting. The hamstrings are relaxing.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) describe the functions and importance of the muscular system	7. Identify how gravity interacts with the muscular system to produce some movements.	Repeat the exercise above (trying to touch heel to bottom) in a standing position. When the knee is bent the hamstrings are contracting, quadriceps are relaxed, as before. But to straighten the knee the quadriceps do not have to contract. Gravity produces the movement as the hamstrings relax. Any time a body joint moves, if muscles are "let go" gravity has come into play. Challenge students to provide examples. 1) Arm raised above head—Deltoid muscle is contracted. Gravity lowers arm if deltoid relaxes. 2) Sit ups with knees bent—Abdominal muscles are contracted. Gravity lowers upper body if abdominals relax. 3) Picking up a heavy object—Biceps contracted. Gravity lowers the object if the biceps are relaxed (as in weight lifting).
	8. Identify the functions of the muscular system and why each is important.	Use concrete examples to help students identify the following functions of the muscular system. Function: Protects internal organs. Activity: Show a girdle or a picture of one from the Sears Catalogue. Ask why some women wear girdles. The girdle does some of the work of weak muscles by supporting the torso. The muscles hold internal organs in. Function: Gives the human body its shape. Activity: Remind students that this is also a function of the skeletal system (Lesson 2, Student Activity 1). Get them to state that while the skeleton gives us a rough human shape, the muscles give us our final definition or form as humans.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Function: Produces body movements Activity: Remind students of Student Activities 5, 6, 7, above Function: Maintains posture Activity: Observe various aspects of posture using student volunteers - feet (toe in/out or parallel?) - pelvis (tilted forward?) - shoulders (slouched?) Have students practise correct posture - see Teacher Background Information page GD79 and note that it may be tiring to "hold" the correct position because muscles are not accustomed to working this way. Function: Produces heat Activity: Ask students what they could do if they were riding on a sled and got cold. Have students state that one way to warm up is to walk for a while instead of riding. This is because working muscles produce heat.
	9. Complete the Functions of the Muscular System worksheet.	Refer to Activity Sheets GD79A and GD79B (Teacher Answer Guide) Have students unscramble the words. (They describe functions of the muscular system.) Then have them complete the sentences to describe functions of the muscular system.

THE MUSCULAR SYSTEM

Muscle Landmarks
There are more than six hundred muscle groups in the human body. Like bones, the muscles that make an appearance on the body's surface are called landmarks. Here is a short tour of your landmark muscles.

Pectorals

Abdominals

Quadriceps
Straighten the knees.
For stair climbing.

Deltoids
Shoulder muscles raise the upper arm.

Triceps
Biceps
This team raises and lowers the forearm.

Gluteus maximus
Contract your bottom. You can feel these very strong muscles that straighten the hip joint and hold you upright.

Hamstrings

MUSCLES

GD78

Cut out the names of each muscle group. Stick the names in the appropriate place on your own body. Check with a partner if it is the right location.

PECTORALS

ABDOMINALS

QUADRICEPS

GLUTEUS MAXIMUS

HAMSTRINGS

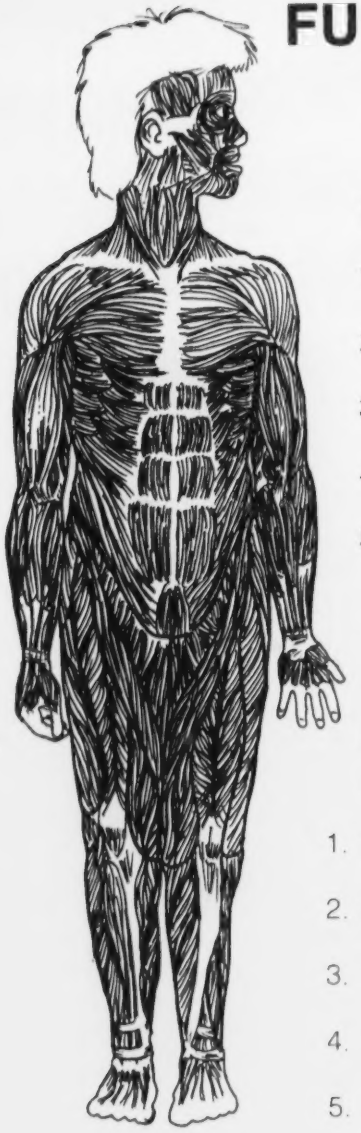
TRICEPS

BICEPS

DELTOID

FUNCTIONS OF THE MUSCULAR SYSTEM

GD79A

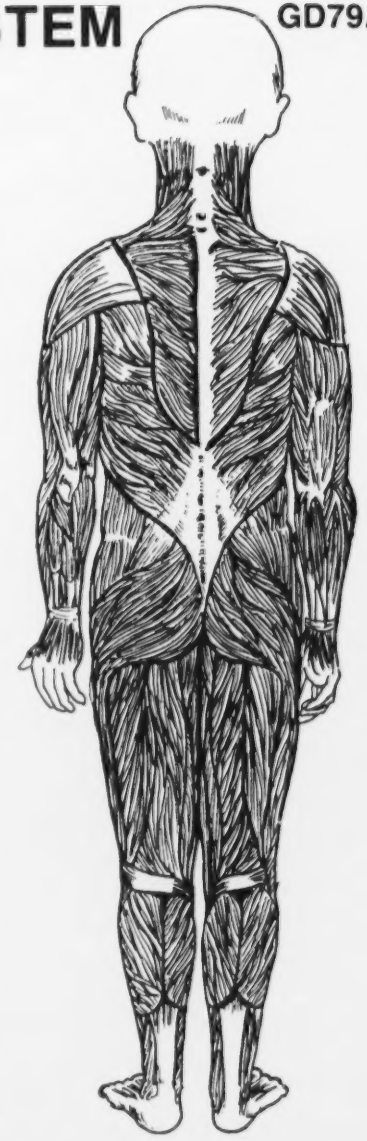


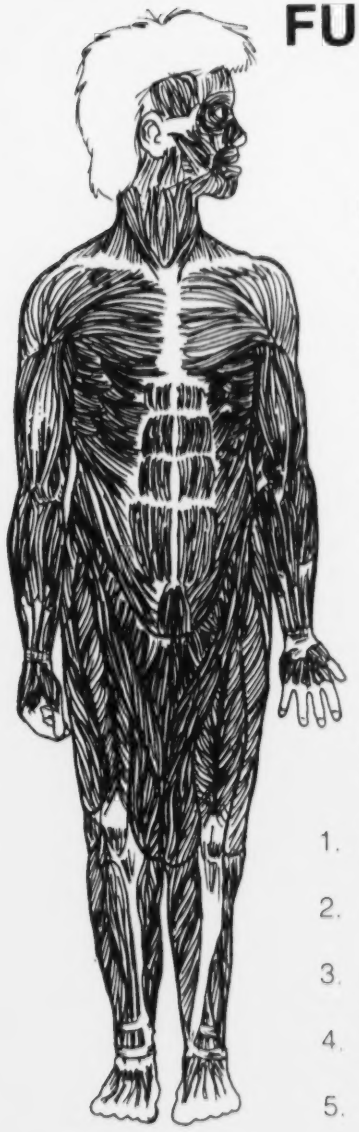
Unscramble the following clues.

1.	munha	heaps	_____	_____
2.	namatinis	spoteur	_____	_____
3.	stoptrec	nagors	_____	_____
4.	wallos	ventemom	_____	_____
5.	cropduse	athe	_____	_____

Use the clues above to describe the functions of the muscular system. Answer in complete sentences.

1. The muscular system _____
2. The muscular system _____
3. The muscular system _____
4. The muscular system _____
5. The muscular system _____





FUNCTIONS OF THE MUSCULAR SYSTEM

GD79B

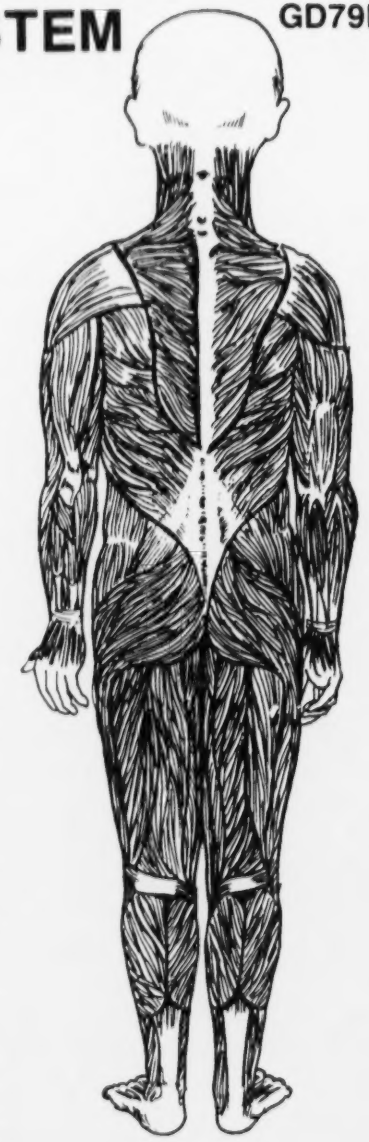
(Teacher Answer Guide)

Unscramble the following clues.

1.	munha	heaps	human	shape
2.	namatinis	spoteur	maintains	posture
3.	stoptrec	nagors	protects	organs
4.	wallos	ventemom	allows	movement
5.	cropduse	athe	produces	heat

Use the clues above to describe the functions of the muscular system. Answer in complete sentences.

1. The muscular system gives the body its human shape.
2. The muscular system maintains posture.
3. The muscular system protects internal organs.
4. The muscular system allows body movements.
5. The muscular system produces heat.



GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 6 THEME: BODY SYSTEMS

CONCEPT: THE MUSCULAR SYSTEM SUPPORTS AND PROTECTS THE BODY AND PROVIDES SHAPE

PREPARATION:
1 Collect props to illustrate ways to care for the muscular system
2 Materials for making posters

VOCABULARY: cramps, splints, tendonitis, muscular dystrophy

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: GD83 to GD84
i) describe common problem conditions and injuries of the muscular system	1 Brainstorm common problem conditions or injuries related to the muscular system	Common problem conditions and injuries related to the muscular system include: - muscle strains - muscle tears - cramps - shin splints - tendonitis - muscular dystrophy
ii) describe ways to prevent muscle injury	2 List ways to prevent muscle injury	Teachers can refer to the list of ways to care for the skeletal system (Lesson 4). There are many similarities between the two because movement is a result of muscles acting on joints.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Use a variety of props, activities and pictures to illustrate ways to care for the muscular system.
		1) Exercise regularly — Show a picture of someone exercising. Muscles will shrivel up and become useless if they are not used. They become stronger if used regularly.
		2) Do a proper warm-up and cool-down before exercising. — This prevents injury to muscles. It activates energy stores which increase muscle temperature. A proper warm-up and cool-down ensure this is a gradual process.
		3) Get adequate rest and sleep daily. — Show a picture of someone sleeping. Sleep is necessary to repair all body tissues after normal daily wear and tear.
		4) Wear protective equipment when playing contact sports, riding A.T.V.s etc. — Show helmet, shin pads or other protective equipment. Discuss.
		5) Maintain proper posture when lifting, pulling, sitting, etc. — Demonstrate and have students practise proper posture. This reduces strain on muscles, ligaments and tendons.
		6) Follow Canada's Food Guide. — Good nutrition is important for building all body systems.
	3. Design a poster illustrating ways to prevent muscle injury.	Have students, individually or in pairs, design a poster of ways to prevent muscle injury. Display in the gym.

GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 7 THEME: PHYSICAL FITNESS

CONCEPT: PHYSICAL FITNESS IS ESSENTIAL FOR OPTIMAL HEALTH

PREPARATION:
1. Prepare an overhead transparency of Activity Sheets GD80 and GD81
2. Light dumb-bells and heavy barbell or suitable substitute (for Student Activity 2)
3. A copy of Fitness Rating of Common Activities (Activity Sheets GD82A, 82B - Teacher Answer Guide)

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: GD85 to GD96 The exercises suggested here may be adapted for students with physical disabilities. Since physical fitness is important for the optimal health of ***all*** students, this section of the program must meet individual needs. Students have already learned about the various components of Physical Fitness in Grade 7 and activities which help develop these components.
i) identify the components of physical fitness	1. Define the term 'physical fitness'.	Physical fitness is the ability of the body to meet the demands of daily living without excessive tiredness.
	2. Identify the components of physical fitness.	Refer to Activity Sheet GD80. Use the overhead transparency to help students recall the 5 components of fitness. If they are unable to do so try the following concrete activities to illustrate each fitness component. (Most of these were performed in Grade 7.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		a) Cardiovascular Fitness Have students participate in a short fitness activity such as skipping, jogging or stepping up and down on a bench for 5 minutes. Students should take pulse before and after the activity and after a one minute recovery. Good cardiovascular fitness is indicated by: - low resting pulse - ability to exercise without pulse going too high - fast recovery rate for pulse b) Muscular Endurance Obtain some light dumb-bells (6 kg. maximum). Ask (a) student(s) to perform as many arm curls as possible. How many were done? (It should be a high number, perhaps 50.) c) Muscular Strength Obtain a heavy barbell (20 kg.). Ask (a) student(s) to perform as many arm curls as possible. How many were done? (It should be a low number, not more than 10. Use a heavier barbell if necessary.) (To prevent back strain students should stand with their backs against a wall.) d) Flexibility Bend knees and touch finger tips to floor. ***Slowly, without bouncing,*** straighten knees as much as possible keeping fingers on floor. Or, sit cross-legged and ***slowly, without bouncing,*** bend forward trying to touch forehead to floor. e) Body Fat Percentage Pinch fat (loose flesh) on back of upper arm, using thumb and index finger. Compare the thickness of fat on students who ***look*** about the same weight.
ii) describe ways in which each fitness component can be developed	3. Give examples of activities which develop each component of fitness.	Brainstorm activities with students. Write their suggestions on the overhead GD81 in the appropriate column. Teachers can refer to Activity Sheets GD82A and GD82B as an answer guide.

THE COMPONENTS OF PHYSICAL FITNESS

GD80

COMPONENTS	DEFINITIONS	SPORTS OR ACTIVITIES
a) cardiovascular fitness		
b) muscular endurance		
c) muscular strength		
d) flexibility		
e) body fat percentage		

THE COMPONENTS OF PHYSICAL FITNESS

GD81

(Teacher Answer Guide)

COMPONENTS	DEFINITIONS	SPORTS OR ACTIVITIES
a) cardiovascular fitness	- ability of heart, lungs and blood vessels to supply oxygen to body cells	- bicycling - cross-country skiing - climbing stairs
b) muscular endurance	- ability to perform activity over a long time period without becoming tired	- backpacking/hiking - paddling a canoe - shovelling snow
c) muscular strength	- ability of muscles to put out a great deal of force over a short period of time	- heavy weight training - portaging a canoe - sit-ups
d) flexibility	- ability to move body joints through a wide range of motion	- dancing - gymnastics - putting on boots
e) body fat percentage	- percent of body weight that is fat	- cross-country skiing - swimming - jogging

FITNESS RATING OF COMMON ACTIVITIES

GD82A

	Builds cardiovascular fitness	Builds muscle strength	Builds muscle endurance	Builds flexibility
Backpacking	Good	Good	Excellent	Fair
Badminton	Good	Poor	Fair	Fair
Basketball	Excellent	Poor	Good	Poor
Bicycling	Excellent	Fair	Good	Poor
Bowling	Poor	Poor	Poor	Poor
Ballet Dancing	Good	Good	Good	Excellent
Disco Dancing	Good	Poor	Fair	Fair
Social Dancing	Fair	Poor	Poor	Poor
Gymnastics	Fair	Excellent	Excellent	Excellent
Hiking	Good	Fair	Excellent	Fair
Jogging	Excellent	Poor	Poor	Poor
Mountain Climbing	Good	Good	Good	Poor
Rope Jumping	Excellent	Poor	Poor	Poor

	Builds cardiovascular fitness	Builds muscle strength	Builds muscle endurance	Builds flexibility
Skating	Good	Poor	Good	Fair
Cross-Country Skiing	Excellent	Fair	Excellent	Fair
Softball	Poor	Poor	Poor	Poor
Swimming	Excellent	Fair	Excellent	Fair
Tennis/Racquetball	Good	Poor	Fair	Poor
Volleyball	Fair	Fair	Poor	Poor
Walking	Good	Poor	Fair	Poor
Carrying groceries	Fair	Good	Fair	Poor
Packing a baby	Fair	Good	Fair	Poor
Doing exercises	Fair	Good	Fair	Excellent
Climbing stairs	Excellent	Fair	Poor	Poor
Doing housework	Fair	Fair	Poor	Fair
Chopping firewood	Good	Fair	Fair	Poor
Shovelling snow	Good	Good	Good	Poor
Lifting weights	Poor	Excellent	Poor	Poor

Activities which are good for cardiovascular fitness and muscular endurance tend to reduce body fat on the muscles being worked.

GROWTH AND DEVELOPMENT

GRADE: 8 LESSON: 8 THEME: PHYSICAL FITNESS

CONCEPT: PHYSICAL FITNESS IS ESSENTIAL FOR OPTIMAL HEALTH

PREPARATION:

1. Prepare a class set of the Personal Fitness Record (Activity Sheet GD83)
2. Materials for fitness tests (Student Activities 2 to 6) 30 cm. meter stick, metronome, protractors, rulers, clock with second hand, gym mats
3. Pretaped fitness program (Student Activity 10) - optional

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) assess his/her personal physical fitness level	Students: 1. Locate and measure the pulse accurately	Background Information: Page GD85 to GD96 To take the pulse in the neck: - raise chin slightly press tips of two first fingers gently into soft flesh beside windpipe and just below chin count for 15 seconds and multiply by 4 To take the pulse in the wrist: press tips of first three fingers* into groove on wrist directly in line with the thumb and a few centimeters below the base of the thumb count for 15 seconds and multiply by 4 * Do not use the thumb. It has its own pulse and could interfere with locating the pulse in the wrist.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Measure the cardiovascular fitness component	Refer to Activity Sheet GD83 A person with good cardiovascular fitness has a: low resting heart rate smaller increase in heart rate when exercising (than a person with poor cardiovascular fitness doing the same amount of exercise) fast recovery (or return to resting heart rate after exercise) **The Test:** Students work with a partner and record results on Activity Sheet GD83. a) Lie down and relax. After 5 minutes, without sitting up, have your partner take your heart rate. b) Sit up and have your partner take your resting pulse and record it. c) Jog on the spot for 3 minutes and have your partner take your pulse immediately and record it. d) Wait one minute and have your partner take your pulse again and record it.
	3. Measure the flexibility component	Babies are very flexible (as evidenced by their ability to put their feet in their mouths) but as people grow older they tend to lose the flexibility through: lack of practice development of muscles (i.e. becoming literally muscle bound) Flexibility can be improved but it is the slowest, most difficult component of fitness to (re)develop.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		The Test: Students work with a partner and record results on Activity Sheet GD83. 1. Lower Back and Back of Legs a) One student sits on floor with legs straight out in front. b) Place a meter stick between legs, with the 15 cm. mark at your heels, and the longer part of the stick extending beyond feet. c) With both hands, slowly, without jerking, student reaches as far forward as possible. Hold position for 3 seconds. d) Have partner read how far student stretched on the meter stick e.g., if s/he reached toes it would be 15 cm. 2. Arm and Shoulder Reach a) Have student lie face down on the floor, holding a meter stick above his/her head - palms down, arm and wrist straight. b) Keeping chin on the floor, lift as high as possible, hold for 3 seconds. c) Have partner measure the distance from floor to meter stick. Lower Back Arm/Shoulder Reach how far? _____ cm. _____ cm.
	4. Measure the muscular endurance component.	Muscular endurance is the ability of a muscle to repeat the same movement many, many times. Paddling a canoe for example, requires certain muscles to perform the same movement over and over. Activities which require muscle endurance do not require a great deal of strength. Muscular endurance activities firm and tone muscles. They do not develop bulk.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

The Test:

Students work with a partner and record results on Activity Sheet GD83.

1. Upper Arm and Chest (Push-ups)

   a) Push-ups done from the knees are easiest.

   b) Push-ups done from the feet are harder.

   * Keep body straight from hips to head.

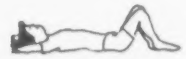
   c) Repeat for 30 seconds. The partner counts the number of push-ups completed and records.

2. Abdomen (Sit-ups)

   a) One student lies on his/her back on a gym mat, knees bent, hands under head.

   b) The student partially sits up by curling up, head first, then shoulders, then back, keeping knees bent throughout. S/he then lies down, reversing the procedure.

   c) Repeat for 30 seconds. The partner counts the number of sit-ups completed and records.

a)  b)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		3. Front Thigh (Knee bends) a) One student stands with feet shoulder width apart, and parallel to each other. b) The knees are bent until the upper thigh is parallel to the floor and then straightened. (The arms can be swung forward on the knee bend to act as a counter-balance.) c) Repeat for 30 seconds. The partner counts the number of knee bends completed and records.
	5. Estimate body fat	The percentage of body weight accounted for by fat should be about 13% for men and 18% for women. A person who gets very little exercise can be overfat without being overweight. A person with very low fat percentage will weigh more than someone who ***looks*** the same weight (but who has more fat) because muscle is denser than fat.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		The Test: Students work with a partner and record results on Activity Sheet GD83. a) Expand chest. Have partner measure it just below armpits. b) Relax stomach. Measure at navel. Chest _____ cm. Waist _____ cm. **Male** If difference is less than 12 cm. then you are probably too fat. **Female** If the difference is less than 25 cm., then you are probably too fat.
	6. Measure the muscular strength component.	Muscular strength is the ability of a muscle to exert its maximum force very few times. Someone training for muscle strength will lift the maximum weight only 2 or 3 times. Excessive weight training causes muscles to develop bulk. While the average person needs moderate muscular strength few people want or need to develop maximum strength.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		The Test: Students work with a partner and record results on Activity Sheet GD83. 1. Front Thigh (Wall Sit) a) One student stands with back against a wall, and then slides down to a sitting position, i.e., hips at 90° and knees at 90°. b) The partner times the number of seconds the student can hold this position without slipping, and records.
ii) describe the structure of a well-planned physical fitness program	7. Explain how a well-planned fitness program should be structured	Some of this material may be too in-depth for the students in your class. It is important for students to understand enough about a well-planned fitness program to know why they are doing certain things when they actually participate in a fitness program (objective iii). A well-planned fitness program follows the F.I.T. principle: F = Frequency: Workout 3 times a week. I = Intensity: Get your heart rate into the target zone.* T = Time: Keep it there for 15-20 minutes. * See Student Activity 8.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	8. Calculate their target heart rate zone.	The upper limit of an individual's heart rate zone is: 200 minus the person's age The lower limit is: 170 minus the person's age Therefore a 13 year old's target rate zone is between 157 and 187 beats per minute. According to the F.I.T. principle a 13 year old needs to exercise vigorously enough to get his/her heart rate into the target zone and keep it there for 15-20 minutes, three times a week.
	9. Identify the components of a well-planned workout.	A workout is one session and needs to be repeated three times a week in order to constitute a well-planned fitness program. A workout consists of: Warm up (10 min.) - walking, stretching and other light exercise to prepare the body for more strenuous activities to follow. Aerobics (15-20 min.) - exercises such as skipping, jogging, or others which push the heart rate into the target zone, thus developing the cardiovascular component of fitness. Calisthenics (10 min.) - exercises to develop muscular endurance of specific muscle groups (e.g., arms, abdomen). Cool down (5-10 min.) - stretching and relaxation exercises to improve flexibility and prevent muscle stiffness.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) participate in a well-planned fitness program	10. Participate in a well-planned fitness program for at least one month.	There are two practical ways for the classroom teacher who is not specially trained in physical fitness to help students meet this objective: a) Ask your local fitness leader to develop an exercise program for your class, or b) Use a pre-packaged program (e.g. Jane Fonda) Whichever route is chosen the class should: - workout three times per week. - be able to identify the warm up, aerobic, calisthenic and cool down portions of the workout. - take their pulse after the aerobic portion of the workout. (If pulse is above the target zone ease off; if below work harder.) If your local fitness leader is developing a program specifically for your class, show him/her the results of the fitness tests recorded on Activity Sheet GD83. S/he can then develop a program based on group strengths and weaknesses. It is important that the teacher participate in the fitness program too!
	11. Measure personal fitness improvement.	After one month of working out three times per week repeat the tests outlined in Student Activities 2 to 6. Record the new results on Activity Sheet GD83 and note improvements.

PERSONAL FITNESS RECORD

GD83

Name:_____ Date of Initial Test:_____ Date of Retest:_____

Cardiovascular Fitness

Heart Rate (per minute)	Initial Test	After 1 month of exercise
Lying down		
Resting		
After 3 minutes of jogging		
After 1 minute recovery		

Flexibility

	Initial Test	After 1 month of exercise
Lower Back _____ _____ cm.		
Arm and Shoulder Reach _____ cm.		

Muscular Endurance

Number done in 30 seconds	Initial Test	After 1 month of exercise
Push-ups		
Sit-ups		
Knee Bends		

Body Fat

Difference between chest and waist measurement	Initial Test	After 1 month of exercise
Chest		
Waist		
Difference		

Muscular Strength

	Initial Test	After 1 month of exercise
Number of seconds wall sit held		

GRADE 8

TEACHER BACKGROUND INFORMATION

GROWTH AND DEVELOPMENT

THE SKELETAL SYSTEM

The 206 bones of the skeletal system form a framework for support, protection and movement of the body. Bones also produce blood cells and store calcium and phosphorus.

Bones can be classified into four types:

- ***long bones,*** primarily located in the arms and legs;
- ***short bones,*** irregularly shaped and found in the hands and feet;
- ***flat bones,*** forming the broad surfaces of protection found in the skull;
- and the remaining bones classified as ***irregular*** because of their shape. For example, the bones of the vertebrae or backbone are irregular.

The ***skull*** is made up of twenty-two bones that are fused together prior to adulthood. Its primary function is to protect the brain and sense organs. Thirty-three vertebrae make up the ***spinal column.*** These bones provide a pivot for support and movement of the head, protect the spinal cord and allow trunk rotation and flexion. The ***rib cage***, or ***thorax***, consists of the sternum, or breast bone, twelve pairs of ribs and part of the vertebral column. It protects the heart and lungs.

Twenty-five percent of bone is water. The rest is mainly composed of the mineral calcium and the protein collagen, which protect the bone against compression and tension. Bone tissue is permeated by blood vessels, lymph vessels and nerves.

Joints are where two bones join and are kept together by strong connective tissues called ***ligaments.*** ***Muscles*** are attached to the bones at the joints by strong cords called ***tendons.*** A ***sprain*** is an injury to the joint in which the ligaments and tendons may be damaged. A ***dislocation*** is the displacement of a bone in a joint.

Joints vary in the amount of movement they allow and are classified as ***immovable, slightly movable*** and ***freely movable.*** An example of an immovable joint is the skull where bones have fused together. Each vertebrae in the spine is cushioned by a cartilagous disc which limits movement and makes it a slightly movable joint. A ***hinge*** joint is a type of freely movable joint and found at the knee and elbow. Another type of a freely movable joint is the ***ball-and-socket*** joint found at the hip and shoulder. The range of motion at any joint is dependent on its bone structure, the amount of muscle bulk at the joint and the elasticity of the muscles, tendons and ligaments. Flexibility exercises improve elasticity of joint connective tissues and can increase its range of motion. Bone structure cannot be changed and therefore greatly determines the movement at a joint. For example, movement at the knee is limited to a forward/backward motion because of the joint structure. The shoulder joint, on the other hand, allows movement in all directions because of its ball and socket structure.

Posture

There is no single best posture for all individuals. Each person must take the body he or she has and make the best of it. For each individual, the best posture is that in which the body segments are balanced in the position of least strain and maximum support. This is an individual matter. Correct posture is important for three major reasons:

1. It affects the function of the organic systems. Posture which in any way restricts circulation, respiration, digestion and elimination is not correct.
2. It reduces strain on muscles, ligaments and tendons. An individual's posture is correct when the body has good balance and alignment, and the skeletal system is the main support for internal organs so that minimal muscle effort is required.
3. It increases the attractiveness of an individual. In addition to contributing to the attractiveness of an individual, posture may well influence a person's concept of himself, and how others view him. Therefore, posture has important psychological implications.

Faulty posture can be the result of one or a combination of reasons. The eight most common are injury, disease, heredity, poor nutrition, poor habits, muscular or nervous weakness, mental attitudes, and improper clothing.

Whatever the cause or causes, the body will quickly adapt itself to faulty posture, and the positions will feel normal and correct. Muscles will shorten or stretch to accommodate incorrect alignment, and after a long period of time, especially in the case of growing children, bone structure may

also change. As a result, prolonged poor posture is very difficult to change without systematic training. Certain muscles will have to regain strength and flexibility, while others will have to be stretched before they allow the skeletal system to return to its proper alignment. Often if one segment of the skeletal system has a postural fault, another part of the system will have to compensate. Therefore, there will be more than one fault in the posture.

If one is attempting to correct postural faults in another individual, the following 5 steps provide a helpful guide for change:

1. Correctly identify the postural deviation and inform the individual of its nature and the importance of correcting it.

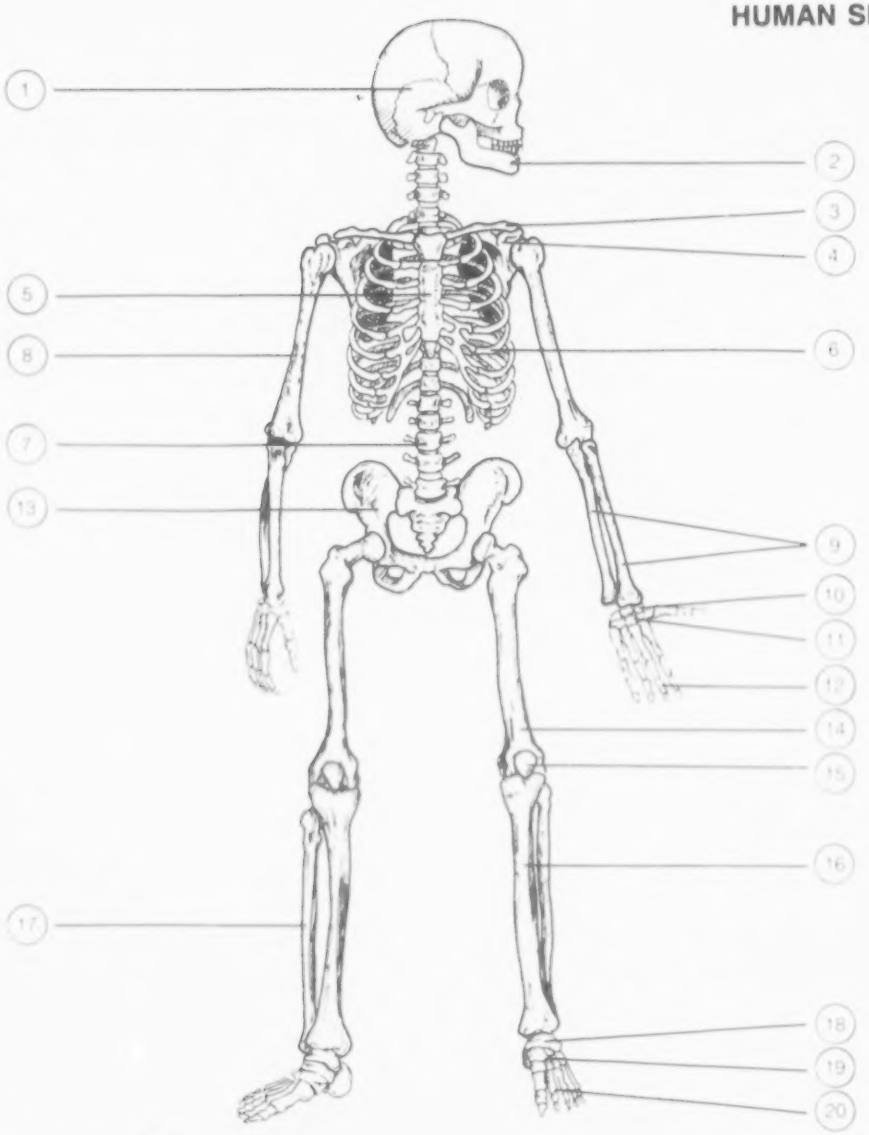
2. Attempt to identify the basic causes of the deviation, and control the causes.

3. Motivate the individual to want to correct the deviation - if he/she is not motivated, corrective exercises alone probably will fail.

4. Prescribe an exercise program designed to correct the condition, or consult a doctor.

5. Regularly evaluate the effects of the program.

HUMAN SKELETON



1. Head bone (skull)
2. Jaw bone (mandible)
3. Collar bone (clavicle)
4. Shoulder blade
5. Breast bone
6. Rib
7. Spine (back bone)
8. Upper arm bone
9. Lower arm bones
10. Wrist bone
11. Hand bone
12. Finger bone
13. Hip bone (pelvis)
14. Thigh bone
15. Kneecap
16. Shin bone
17. Calf bone (fibula)
18. Ankle bone
19. Foot bone
20. Toe bone

GD81

COMMON PROBLEMS AND INJURIES OF THE SKELETAL SYSTEM

Problem	Cause	Brief Description
fracture	- accident	There are 3 kinds of breaks in bones: - Greenstick fractures - partial fractures common in children - Simple fractures - bones break in two but ends do not pierce the skin - Compound fractures - bones break through the skin and are exposed to germs
sprain	- ligaments or tendons are overstretched - unexpected twist - accident	- injury of a joint when ligaments and tendons are overstretched - swelling and internal bleeding
dislocation	- accident - ligaments are stretched or torn	- injury causing the ends of bones to be pulled out of the joint and ligaments are severely stretched or torn
torn cartilage	- a blow	- damage to the cartilage due to a blow - swelling and often loss of free movement
ruptured (slipped) disc	- injury - accident	- the cartilage disc between two vertebrae slips out - pressure on a nerve will cause pain and numbness
arthritis	- unknown - possible faulty immune system	- swelling and puffiness of tissues in and around joints with stiffness - permanent damage and disability may occur
scoliosis	- curvature of the spine	- usually begins in adolescence - uneven shoulder, hip, waistline may show signs of scoliosis
osteoporosis	- gradual loss of calcium from bones - factors may include diet, lack of exercise, heredity, race, sex	- usually occurs in older women - makes bones brittle and prone to breaking - can also result in chronic back pain, loss of height and hip fractures - treatment and prevention include an adequate calcium intake and physical activity

GD82

THE MUSCULAR SYSTEM

Man's muscles enable him to move, work, play, talk, see, hear and escape from danger. They help determine his size, shape, weight and general appearance. They protect his vital organs and help propel food materials, excretions, blood and other body fluids from place to place within his body.

Excitability means that the muscle is able to receive and respond to stimuli. This stimulus is usually supplied by the central nervous system.

Contractibility means that, as a result of stimuli, the muscle can shorten and thicken.

Extensibility means that the muscle can be stretched beyond its normal length.

Elasticity means that a muscle readily returns to its resting length when the stretching force is eliminated.

The human body is composed of three different types of muscle tissues; cardiac, smooth and skeletal. Each of these muscle types are different in both function and purpose.

Cardiac Muscle Tissue

Cardiac muscle, as its name suggests, forms the walls and partitions of the heart. Like all muscle tissue it is composed of fibres or cells.

Cardiac muscle is an involuntary muscle so we have no mental control over it. This type of muscle contracts rhythmically from stimuli from within the heart muscle itself. The heart muscle fibres appear to be interwoven, although they aren't, and when an impulse is received, all fibres in that section contract and move together as a single unit. The heart muscle has two sections, one forming the walls and the system of the atria and the other forming the walls and systems of the ventricles.

Smooth Muscle Tissue

Smooth muscle tissue is located in the walls of internal organs other than the heart. Like cardiac muscle, it is under the control of the automatic nervous system and individuals have no control over its function. In other words, it is an involuntary muscle. It is characterized by non-str 'ed muscle fibres, which are slender and tapered at each end. The cells are smaller than those found in most skeletal muscles, and each cell has only one nucleus.

Skeletal Muscle Tissue

There are over 425 named skeletal muscles in the body, most of which appear in pairs on the right and left side of the body. In that these muscles attach to the skeleton, their function is one of maintaining posture and initiating movement. Most of these muscles are under voluntary control - they move because the body tells them to via the central nervous system.

Skeletal muscle is made of striated fibres, varying greatly in length, with more than one nucleus. Muscles are a mixture of red and white fibres.

Finally, rapid movements are performed by muscles in which white cells predominate and slow sustained movements are performed by muscles in which red cells predominate. Fibres are banded together to form muscles. The thick part of the muscle which expands and contracts is called the "belly". It narrows at either end and attaches to the skeleton by means of one or more thick, nonelastic bands called tendons.

Source: Harvey D. and White D. (ed.), "Body Systems and Physical Fitness", Health Education Methods Project for Elementary School Teachers. Ottawa, Ont.: Health and Welfare Canada, 1983.

COMMON PROBLEMS AND INJURIES OF THE MUSCULAR SYSTEM

Problem	Cause	Brief Description
muscle cramp	- improper warmup - improper clothing - muscle overwork	- prolonged muscle contraction - treatment includes: massage then slowly stretch the muscle, release and repeat; apply heat after cramping has stopped
muscular dystrophy	- genetic	- destruction of muscle fibres with loss of control and movement - death occurs when heart muscles fail - treatment includes: medical management but no known cure
muscle strain	- improper warmup - improper clothing - improper lifting	- muscles overworked (stretched) - muscle fibres torn with pain - treatment includes: light exercise, apply ice then heat, rest
muscle tear (sprain)	- improper warmup - improper clothing - improper lifting - inappropriate muscle load	- muscles stressed and large fibres are pulled or torn from the bone, with a snap and sharp pain - blood vessels are broken - swelling - treatment includes: apply pressure, elevate injury; apply cold then heat, then rest; seek medical attention
shin splints	- too rapid warmup - improper clothing - improper jogging techniques and equipment	- stiff, sore areas along inside or outside of shin bones above the ankle - treatment includes: rest, apply heat, seek medical attention
tendonitis	- overwork or accident	- irritated and swollen tendon - slow to heal - treatment: rest

GD84

FITNESS

Physical fitness can be defined as the capability of the heart, lungs, blood vessels and muscles to function at optimal efficiency. This refers to the condition of the body needed to meet the demands of daily living, both for work and recreation. A person should be able to undertake his/her daily tasks without undue tiredness. Health components of fitness include:

- cardiovascular fitness
- muscular endurance
- muscular strength
- flexibility
- body fat percentage

Factors such as speed, balance, agility, power and co-ordination are motor ability components which contribute to the efficiency of movement during skill performance. While development of all these components is important for total fitness, the N.W.T. School Health Program focuses on the health components of physical fitness leaving skill development to be addressed as part of the Physical Education program.

Cardiovascular fitness, the most essential fitness component, refers to the body's ability to continue in strenuous tasks for long periods of time.

A person's life depends on the capacity of the heart, blood vessels and lungs to deliver oxygen and nutrients to body tissues and to remove waste products. Cardiovascular exercise makes the heart and lungs work harder in order to supply the working muscles with oxygen. This kind of activity is often called **aerobics**, which simply means "requiring oxygen". Examples of aerobic activities include swimming, jogging, racquet sports, cross-country skiing and cycling (those exercises which involve large muscle groups). For aerobic exercise to be of value to the cardiovascular system, moderate to strenuous activity should be sustained for at least 15-20 minutes on a regular basis of 3 times per week. (This is the F.I.T. principle described in Lesson 8, Student Activity 7.) Strenuous activities are those exercises which involve large muscle groups such as arms, legs and torso and raise the resting heart rate to ***about*** 150 beats per minute. (See Lesson 8, Student Activity 8.)

Muscular strength is the force that a muscle can exert against a resistance in ***one*** maximal effort. Strength is necessary for good posture, many daily work tasks and recreational activities. For example, muscular strength is required to swing a tennis racquet, lift a box of books or throw a ball. Strength is developed by ***isometric*** and ***isotonic*** kinds of exercise. In ***isometric*** exercise, muscle groups work against each other or against an object that cannot be moved. For example, pressing the palms of the hands together and holding the contraction is an isometric exercise for arm strength. ***Isotonic*** exercise refers to the contraction of muscles against a moving resistance. Calisthenics and weight lifting involve isotonic contractions; muscles contract and relax. The dynamic movement of isotonics is considered more beneficial in developing strength because the muscles move through a full range of motion. The development of strength results from an increase in the thickness of muscle fibres, rather than from an increase in the number of fibres. This increase in fibre thickness is called hypertrophy and occurs when the muscle is progressively overloaded. The overload principle means that a muscle works against a greater-than-normal resistance. As strength improves, the amount of resistance can be increased.

True muscular strength training involves using the maximum weight or resistance possible so that an exercise can only be repeated two or three times - i.e., lifting a very heavy weight. As strength improves, the resistance is increased but the number of repetitions of the exercise remains very low.

While "the average person" needs to develop some muscular strength, muscular endurance is generally the focus.

Muscular endurance is the ability of a muscle to work continually over a period of time. It is required in everyday activities such as shovelling snow, climbing stairs and washing windows. Backpacking, jogging and rope jumping all require muscular endurance. Exercises such as sit-ups, push-ups, chin-ups and weight-training performed using the overload principle will develop muscular endurance.

Training for muscular endurance involves selecting a weight or resistance such that a given exercise can be repeated about twenty times before the muscle becomes tired. As fitness improves, either the weight, the number of repetitions, or both can be increased. It is this type of muscular fitness training which most people choose/need to develop. While strength does improve, the focus is on endurance which tones the muscle and reduces fat, but does not add muscle bulk.

Flexibility is the ability of the joints and muscles to move through a full range of motion. The degree of elasticity in muscles and ligaments differs among people and also between joints in the body. Maintaining good flexibility is important to prevent muscle injury and soreness, as well as to enable ease of movement in many activities. Slow, controlled stretching of muscles, as is found in Yoga, is the best method of improving flexibility. It is also important prior to other activities because it warms the muscles and increases the blood supply.

Body fat percentage refers to the percentage of a person's total body weight which is represented by fat. In women, this should be about 18%, while in men, it should be about 13%. It is possible to be overfat without being overweight. A person who gets insufficient exercise will not necessarily be overweight (according to the scales) but may well carry excess fat deposited on top of the unused muscles. Regular exercise which increases blood circulation to working muscles will "burn off" some of the fat. While this rarely translates into a weight loss, since muscles are developing while fat is diminishing, it will mean a person looks slimmer and is less prone to fatigue.

Aerobic exercises and muscular endurance exercises (i.e., those activities requiring a muscle group to perform the same exercise many, many times) are effective in reducing the amount of fat deposited on top of the muscles being worked.

A balanced fitness program does not necessarily mean a fitness class or "gym-style" workout. However, it does mean addressing all five components of fitness, paying particular attention to cardiovascular fitness, and to personal weaknesses and needs. Playing a sport rarely, if ever, addresses all components. (Tennis only uses one arm! Volleyball does not provide enough continuous aerobic exercise, etc., etc.) This is not to imply that playing tennis or volleyball are not good forms of exercise or a good way to improve physical fitness. They are excellent as long as they are supplemented with appropriate other activities.

It is important to note that many exercises address more than one component of fitness. Jogging for example would increase cardiovascular fitness, muscular endurance in the legs, especially calf and thigh muscles, and reduce fat deposits on those same muscles. A fitness class, or individual program designed by a qualified instructor, would ensure a balanced fitness program designed to meet the needs and interests of its participants.

The benefits of fitness to health are many:

- better resistance to illness, stress and tension;
- more energy, less chronic fatigue;
- better weight control;
- increased metabolism or burning up of calories;
- better digestion;
- stronger muscles, better posture;
- reduced risk of coronary heart disease;
- increased capacity of the blood to carry oxygen;
- increased capacity of the lungs to take oxygen.

The increased lung capacity causes a stronger pumping action of the heart and lowers the resting heart rate, thus decreasing blood pressure.

Source: Harvey, D. and White, D. (ed.), "Body Systems and Physical Fitness", Health Education Methods Project for Elementary School Teachers, and Barbara Hall, B.P.H.E., Department of Education, GNWT, Yellowknife

PHYSIOLOGY OF EXERCISE

General Rules for Fitness Prescription

- Begin gradually. Too much too soon can cause sore muscles.

- Do not overdo. The level of intensity should depend on the individual's goals (fun vs. conditioning vs. competition). Too high an intensity too soon is not desirable. The end product, fatigue, increases the participant's chances of incurring an injury.

- Exercises should be performed at a pace which allows correct execution. Variation in the form could alter or reduce the effectiveness of the exercise.

- For execution of exercises, use muscle force instead of momentum. For example, standing leg lifts should be performed by lifting and lowering the leg not by swinging it.

- Exercises should be performed through a full range of motion.

- Consideration must be given to any existing musculo-skeletal problems. Any exercises that may potentially aggravate the situation should be avoided. Alternatives should be provided.

- The activity program should be appropriate to the individual's training goals and lifestyle. It must provide some positive reinforcement or it will be discontinued.

- Everyone has a limit. In terms of physical abilities, each person has a ceiling on their optimal performance. This factor exerts a greater influence on those in an intensive training program.

- Frequency of training workouts should be a minimum of 3 times a week and a maximum of 5 times a week. Some activities may be engaged in more frequently. However, intensity and fitness base will serve as a guideline.

- Do not work through pain. Exercise will involve a certain amount of fatigue and may produce some discomfort, but should not produce pain. If that is the case, the program content, intensity, and duration should be reviewed.

- A proper program progression moves from the least intense to the most intense back to the least intense components.

- How the individual feels and the heart rate response serve as guidelines for the intensity. Initially the participants should be monitored closely until they are confident of their workout.

- All programs should start with a warm-up that relates to the workout activity. A general conditioning program should begin with gross motor activity, stretching exercises, then light aerobics. Total time should be a minimum of 10 minutes (more on this in the next section).

- The workout of a general conditioning program should consist of a minimum of 15-20 minutes of aerobics plus muscular strength and endurance work.

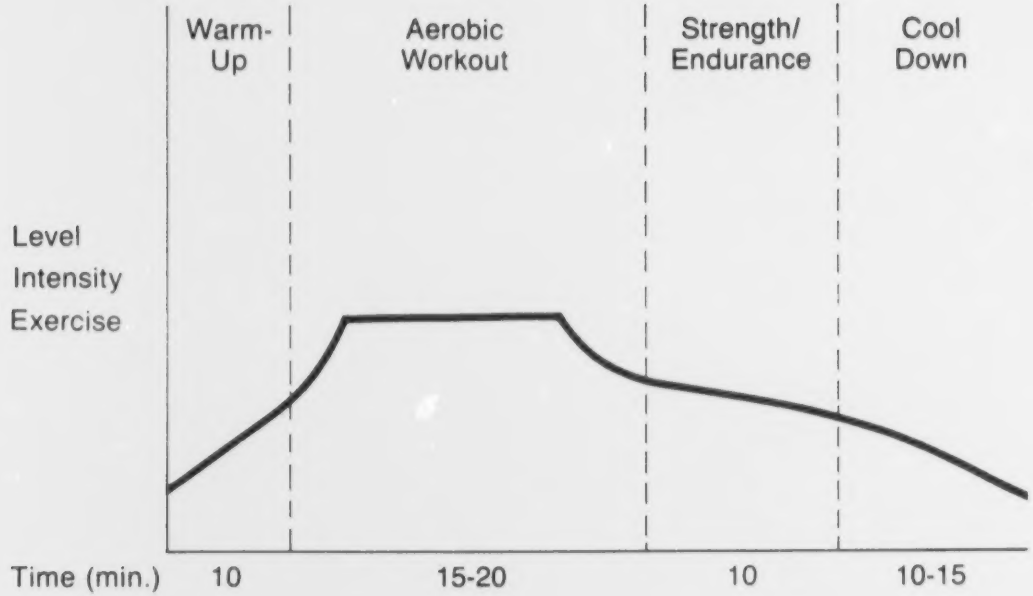
- Beginners should start their aerobic work at a low intensity and minimum duration. Once adaptation occurs, overload can be reapplied, preferably one variable at a time.

- A short cool down of light aerobic work should always follow the strenuous aerobic work.

- Cool down should be a minimum of 10 minutes, time dependent upon intensity of exercise and fitness level of the participants.

Proper application of the principles outlined is necessary to guarantee safety as well as improvements.

The Basic Activity Sessions



A) The Warm-Up

Safety begins with the content of the actual exercise class. The initial phase, the warm-up, prepares the body for the more strenuous activity to follow. With regards to safety, a proper warm-up may:

- prevent injury to the muscle
- reduce the risk of subsequent muscle soreness
- help prevent cardiovascular problems in a cardiac "at-risk" population

The purpose of the warm-up is to prepare the body physiologically for the more strenuous activity which is to follow. It has been shown to stimulate hormones, increase core temperatures and activate muscle energy stores (Berger, 1982). Combined, these reactions facilitate an easy transition into the workout. Although some research shows no significant improvement in performance, most would agree that a warm-up is beneficial. In a coronary prone population and for those engaging in explosive events, this phase is crucial.

Since the warm-up is a preparatory phase, it should relate to the main task. For example, the baseball pitcher, throwing warm-up pitches, is obviously selecting a different warm-up from the skating drills used by hockey players.

For a conditioning program, a general warm-up should start with gross motor activities (for example, walking, side-stepping, arm circles). Basic gross motor activities produce a slight rise in internal tissue temperature which enhances the flexibility component. The warm-up should then move into static stretching (no bouncing), then into a lower intensity version of the workout. By gradually increasing the intensity, the body systems have time to adjust to the heavier demands.

The energy production causes a rise in body and muscle tissue temperature which in turn increases:

(a) "Enzyme activity - This will affect the metabolic reactions associated with the energy systems.

(b) Blood flow and oxygen availability - The implication of this is improved energy production.

(c) Contraction and reflex time - Improved efficiency of muscular movements affects the quality of performance." (Mathews & Fox, 1976, p. 245)

The intensity and duration of each component in the warm-up will depend upon the fitness level of the group and the rigors of the workout. Time spent on stretching exercises will depend upon group characteristics:

Class needs - For example, if a participant has a lower back problem or is very inflexible, more time may be spent on the significant muscle groups.

Class interests - The minimal total time of a warm-up is 10-15 minutes (Pollock, 1978). However, if the group enjoys this aspect of the workout, and there is time available, the duration may be increased without compromising the workout.

Program design - The purpose of the training program will influence the composition of the flexibility component. A gymnast or volleyball player will require a greater emphasis on stretching than a baseball player or a jogger.

Stretching exercises should follow a logical sequence for example, head to toe; toe to head. A systematic approach guarantees that all major muscle groups are involved and improves the participants' recall of the pattern.

Although a pulse check will determine an adequate warm-up, reference to how the individual feels can serve as another guideline. This encourages the participant to draw a parallel from how they feel to the physiological heart rate response.

B) The Workout

With adequate warm-up, an individual should experience a gradual increase in heart rate, easing into the target heart range. Precautionary pulse checks can be made during the workout to guard against too high or too low an intensity. Once the person has developed a regular routine and is familiar with his/her 'moderately hard' pace, the number of heart rate checks may be reduced.

Beginners should start at the low end of the range and workout for the minimum amount of time. Once adaptation has occurred, overload may be applied by increasing the intensity or duration. Increasing both variables at once should be done with caution as it might create too much physical stress for the novice.

A minimum of 15-20 minutes of the workout should be devoted to the aerobics component in the target heart rate zone (American College of Sports Medicine, 1978) (refer to Exercise Intensity Guide). Following the 'moderately-hard' intensity aerobic workout, a light aerobic cool down is necessary before starting muscular endurance activities; for example, a slow jog to a walk, swinging the arms to increase circulation to all body parts. This will ensure a lower intensity level and discourage light-headedness or dizziness.

Muscular strength and endurance exercises should include all major muscle groups. Time should be allocated, allowing proper time for the other portions of the session. (Refer to muscular strength and muscular endurance - Components of Fitness prescription).

C) The Cool Down

Just as the heart rate had been gradually increased during the warm-up, it should be gradually reduced during the cool down. The objective is to make the transition from the high intensity activity gradually down to the least intensive activity (e.g., running to jogging to walking) by employing lighter forms of the aerobic or gross motor activities. Failure to do so could result in blood pooling in the active muscles. This could lead to muscle stiffness, thought to be caused by increased levels of lactic acid and can lead to dizziness, possibly due to reduced venous return.

The cool down is the optimum time to improve flexibility. Research supports low intensity stretching at elevated internal temperatures for permanent lengthening of the connective tissue (Sapega et al, 1981). Stretching should be done for all major muscle groups. If time is limited, emphasis should be placed on the principal muscle groups involved in the workout.

A cool down becomes the body's opportunity to relax from its active exercise state. Waste products resulting from metabolism must be removed. The massaging action of the muscles during exercise improves this removal of wastes from the area and augments venous return. Failure to cool down disrupts the massaging action and causes pooling of blood in the formerly active muscles. These factors provoke subsequent muscle soreness and may contribute to dizziness.

Do's and Don'ts of Exercise

- **Do not bounce when stretching**

  A sudden force applied to a muscle invokes a stretch reflex within the contracting muscle. Therefore, bouncing, which induces this response, applies a force against a muscle trying to contract. The outcome can range from muscle soreness to serious muscle injuries.

- **Do not exercise if you feel ill**

  The illness could elicit additional fatigue, which increases the risk of injury. Others may be susceptible and also become ill. Take the time off to properly recover.

- **Do not exercise immediately following a meal**

  Allow at least 2-3 hours for digestion before getting actively involved. Food such as fat and meat are slow to digest needing about 3-4 hours. On the other hand, carbohydrates may be eaten up to 2 hours prior to the activity. Eating too soon before exercise could detract from performance and cause muscle cramps.

  * For persons with diabetes, exercising just after a meal (½ to 1 hour) helps to control the rise in blood sugar which normally occurs at that time and reduces the possibility of low blood sugar.

- **Do not continue to exercise if there is pain**

  Although it is not easy to differentiate, discomfort as a result of exercise is not the same as pain. Pain should be a signal to stop or change the exercises.

- **Do not try to make up for lost time**

  Participants need to realize that if they are away from a program, they should ease themselves back into the routine, rather than continuing from where they had left off.

- **Do not chew gum or eat hard candies during a workout or game**

  This could cause choking.

- **Do not bend over immediately after cardiovascular exercise**

  Bending over immediately after jogging may cause you to pass out.

- **Do work at your own pace, try not to compete with others**

  Guidelines have been provided to encourage a safe and enjoyable program. Trying to outdo the next person contradicts the rationale behind the guidelines.

- **Do get involved in exercises that are FUN!**

GD90

Potentially Harmful Exercises and Alternatives

From one point of view, there is no such thing as a safe exercise. However, a well-trained body can do most movements with limited risk of harm.

The reality of fitness classes involves participants who have a wide variety of skills, abilities, histories and experiences with physical activity - and most people are aware that certain movements or exercises can cause them potential harm.

When leaders think of exercise precautions, they usually think about not doing specific exercises such as straight leg situps or double leg raises.

In addition to knowing what exercises to avoid, it is also important to have a strong theoretical understanding of how to design a class that adapts the various components to suit a specific group or individual. Another dimension of exercise precautions involves leaders ensuring that the exercise environment, whether land or water, is a safe and enjoyable place to use. This means checking for slivers in wooden surfaces, holes in floors, inappropriate air and water temperature. A preventive attitude towards program design and the exercise environment can prevent a great deal of potential discomfort!

GD91

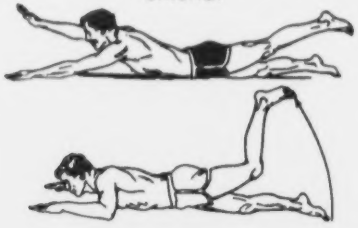
Exercise Precautions

The following list describes some potentially harmful exercises and suggests an alternate activity for each.

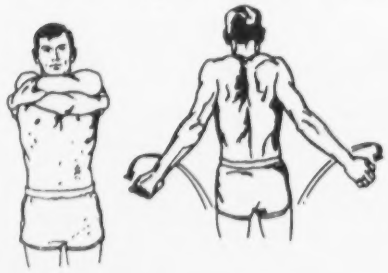
Exercise	Purpose	Potential Harm	Alternate
Yoga Plow	stretch the back, neck	Stresses blood vessels to the brain and upper spinal cord by kinking vertebral artery, thereby cutting off circulation. It also places great pressure on spinal discs and ligaments, and can cause permanent fibre damage at the base of the spine and the sciatic nerve by stretching nerve fibres beyond their limits.	Fetal roll, drop chin to chest.
Hurdler's Stretch	stretching hamstrings	Often stretches the muscles and ligaments in the groin farther than they were designed to be stretched. Chronic groin pull can be the painful result. It can also lead to injury of the medial colateral ligament (the one which helps stabilize the knee) because of twist caused by foot flared outward. The sciatic nerve is also stressed - more so among adults.	The sole of the foot of the bent leg should touch the inside of the straight leg.
Duck Walk and Deep Knee Bends	muscular strength - quadriceps	Tearing of lateral knee cartilage	Partial knee bends.

GD92

Exercise	Purpose	Potential Harm	Alternate
Toe Touching	stretch the hamstrings	When swooping forward to plant palms firmly on the floor, the posterior longitudinal ligament, which is one of the main supporting ligaments of the spine is overly stressed as the back can give no support while toe touching. As well, this movement does not relax the muscles but actually tightens them. The sciatic nerve also runs the risk of being pulled.	Let the knees bend.
Ballet Stretch	hamstring stretch	The sciatic nerves are unnaturally elongated and the stretch imposed on the back of the knee, low back ligaments, muscles, joints and discs is very risky.	Single leg raises with leg on floor bent.
Straight Leg Raises	strengthening quadriceps	Stretches the sciatic nerve beyond its normal limits. If back isn't held flat to the floor it leads to low back pressure on the ligaments, muscles and discs.	Bend the leg on the floor and lift one leg at a time.

Exercise	Purpose	Potential Harm	Alternate
Knee Stretches	stretching the quadriceps	Exceeds the natural skeletal range of motion of the knee - the value of this is questionable. It stretches the patellar and collateral knee ligaments, which are needed for stabilizing the knee.	Lying supine with your right hand, grab your right ankle and pull toward your body.
Situps - straight leg	abdominal strength	After you come up about 30° from the floor the abdominal muscles have been maximally shortened. After that point it becomes a hip exercise - they cannot flatten the lower abdomen. Also after the 30° point back strain and nerve elongation begin to occur.	Bend your legs, do partial situps, cross your arms in front of you instead of behind your head. However if you have back trouble, be cautious about even bent leg situps.
Cobra	stretch abdominals	It causes pressure on the lower back.	Avoid it with people who have back problems. Otherwise do not hyperextend the neck, and you can alternate arms and legs and extend. 

GD94

Exercise	Purpose	Potential Harm	Alternate
Full Head Roll	stretch the neck	Increases pressure on vertebral discs and nerves. Extreme range of motion, especially hyperextension, should be avoided.	Lateral Flexion instead.
Shoulder Stand	stretch upper back and neck	Increases pressure on vertebral discs and nerves. Same problems as the Yoga Plow, best to avoid.	Use the hug and stretch instead. 
Groin Stretch	stretch groin area	Can be contraindicated if you bend forward from the head and shoulders. This puts pressure on the lower back.	Be sure to concentrate on making the initial move forward from your hips. Keep your lower back flat and look forward.

* Rules related to particular exercises change on an on-going basis. Teachers who teach physical fitness should keep themselves updated on these.

GD95

Exercise Precautions

Basic Rules that Apply to Exercising In the Cold

- Do not underestimate the temperature. A lot of problems occur in temperatures of 1°C - 10°C when dampness, not severe cold, is the problem. Try to get dry as soon as possible.

- Keep the torso warm so that heat can be sent to less insulated areas.

- Avoid sweating. Clothing can serve as an insulator. However, it should allow adequate ventilation to maintain the balance of heat loss and heat production.

- Use your head. Keep it covered to help force the heat to the extremeties. Uncover it when necessary to avoid sweating.

- Dress appropriately. Keep comfortably warm, removing clothes as the internal temperature increases.

Adapted from Manitoba Provincial Fitness Leadership Development Program - Fitness Leader Manual, Manitoba Health, Health Promotion Directorate, Fitness Section.

FAMILY LIFE

GRADE 8

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FAMILIES	There are many different family patterns	i) identify family patterns in the community
2	FAMILIES	Interpersonal relationships vary from casual to intimate	i) describe types of interpersonal relationships ii) identify characteristics that promote the development of relationships
3	HUMAN DEVELOPMENT AND REPRODUCTION	Reproduction ensures the continuation of new life	i) identify the structure and function of the male and female reproductive systems
4	HUMAN DEVELOPMENT AND REPRODUCTION	The development and union of reproductive sex cells are significant to the development of new life	i) explain the significance of ovulation and sperm development to reproduction
5	TEEN DECISIONS	Assertiveness and abstinence are responsible behaviours for young adolescents	i) explain why abstinence is a responsible behaviour for young adolescents ii) practise assertive responses to sexual pressure
6	TEEN DECISIONS	Individuals can plan the reproduction of new life	i) describe some methods of birth control
7	SEXUALLY TRANSMITTED DISEASES	Sexually transmitted diseases are serious communicable diseases that can be prevented	i) identify the causes, characteristics, consequences, treatment and prevention of common sexually transmitted diseases

8	ABUSE PREVENTION	There are many types of violence that may occur within the family	i) describe family violence ii) identify factors that may lead to family violence iii) describe methods of coping with family violence
9	LIFESTYLE	Positive lifestyle practices promote health	i) identify positive lifestyle practices that promote a young person's healthy sexuality and family relationships ii) design a personal program to promote a healthy sexuality and/or family relationships iii) evaluate the effectiveness of the program

FAMILY LIFE

GRADE: 8 **LESSON: 1** **THEME: FAMILIES**

CONCEPT: THERE ARE MANY DIFFERENT FAMILY PATTERNS

PREPARATION: 1. Prepare a class set of What Type Of Family? (Activity Sheet FL90)

VOCABULARY: structure

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify family patterns in the community	Students: 1. Identify different family structures in the community. 2. Describe why these different structures occur.	Background Information: — Refer to Activity Sheet FL90A (and FL90B Teacher Answer Guide). Have students complete the worksheet and then identify families in their community which exemplify each family type. Different structures are based on: - who the family members are (death, divorce, fertility) - what the roles of different members are - family responsibilities - customs (traditions) e.g., adoption

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Compare and contrast two family structures.	Refer to Activity Sheet FL90A. Take two families described on Activity Sheet FL90A and provide additional information. For example: ***Bella's family:*** Her dad works full time for D.P.W. Her mum is a substitute teacher and works about one day each week. Bella, the oldest, is in Grade 8 and is expected to help her mother around the house. ***Martha's family:*** Both parents work. Martha is in Grade 8 and her older brother is away at high school. Have students compare and contrast the two families in terms of their size, the roles and responsibilities of the members, customs that affect the family structure, etc.
	4. Describe what a family is.	Have students brainstorm what a family is. The definition which students decide on should include: - a group of related people (they may or may not live together depending on whether the local concept of a family is nuclear or extended) - family members nurture, love, support and care for each other

WHAT TYPE OF FAMILY?

FL90A

Here are some different types of families. Read each description and write the name of the family in the box. Be careful, one family has two labels.

Single-parent Family	Foster Family
Adopted Family	Extended Family
Nuclear Family	Blended Family

Martha, her parents and younger brother have recently moved to a new community. All of Martha's grandparents and aunts and uncles live in another community.

_____

JoJo's mother died several years ago and his dad recently remarried. JoJo now has to share his room with his new stepbrother.

_____

Bella is used to a full and busy household. She has three sisters and her grandfather lives with them along with an adopted brother. When Bella's mom works one of her aunts comes to babysit. Her other grandparents live next door and spend a lot of time visiting at Bella's.

_____

George's mother divorced his dad when George was very young. He barely remembers him since he moved to another community shortly after the divorce. The house is pretty quiet with just George and his mother living there.

_____

Ada and William have only one child living with them right now. But there have been times when they've had three or four children staying with them. The Department of Social Services places children in Ada's and William's home on a temporary basis until the children can be adopted or other permanent arrangements made.

_____

WHAT TYPE OF FAMILY?

FL90B

(Teacher Answer Guide)

Here are some different types of families. Read each description and write the name of the family in the box. Be careful, one family has two labels.

Single-parent Family	Foster Family
Adopted Family	Extended Family
Nuclear Family	Blended Family

Martha, her parents and younger brother have recently moved to a new community. All of Martha's grandparents and aunts and uncles live in another community.

Nuclear Family

JoJo's mother died several years ago and his dad recently remarried. JoJo now has to share his room with his new stepbrother.

Blended Family

Bella is used to a full and busy household. She has three sisters and her grandfather lives with them along with an adopted brother. When Bella's mom works one of her aunts comes to babysit. Her other grandparents live next door and spend a lot of time visiting at Bella's.

Extended Family Adopted Family

George's mother divorced his dad when George was very young. He barely remembers him since he moved to another community shortly after the divorce. The house is pretty quiet with just George and his mother living there.

Single-parent Family

Ada and William have only one child living with them right now. But there have been times when they've had three or four children staying with them. The Department of Social Services places children in Ada's and William's home on a temporary basis until the children can be adopted or other permanent arrangements made.

Foster Family

FAMILY LIFE

GRADE: 8 LESSON: 2 THEME: FAMILIES

CONCEPT: INTERPERSONAL RELATIONSHIPS VARY FROM CASUAL TO INTIMATE

PREPARATION: 1. Prepare a class set of Social Circles (Activity Sheet FL91)

VOCABULARY: interpersonal relationship, acquaintance, casual, intimate

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe types of interpersonal relationships	Students: 1. List a variety of relationships that exist between people.	Background Information: — Have students think about various people in their lives with whom they have relationships e.g., close friends, acquaintances, family etc. Make a list of these relationships. Relationships vary from acquaintance (i.e., someone you know to say 'Hi' to), to intimate (i.e., someone you would tell your secrets or innermost thoughts to).

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discuss in general terms the types of relationships which are ***likely*** to be casual, caring and loving or intimate. For example:

Relationship	Within Families	Outside Families
casual	- distant relatives	- acquaintances - teacher/student - coach/player
caring	- mother/daughter - grandfather/ grandson	- close friends - minister - teacher/student
intimate & loving	- husband and wife - mother/daughter	- engaged couple - close friends

	2. Identify their own social circles.	Refer to Activity Sheet FL91. Have students complete the worksheet individually giving specific names (e.g., Uncle Jack) and listing as many relationships as possible. Share completed worksheets in small groups or as a class.
ii) identify characteristics that promote the development of relationships	3. Identify the characteristics that help build and maintain a close relationship.	Divide the class into two groups - girls and boys if numbers are about equal. Have each group brainstorm as many descriptive words or phrases as possible to describe a close relationship. (Ask them to think about their own closest relationship.) Have each group record answers on a flip chart and compare responses when finished.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Some characteristics of a close relationship include: - physical attraction - trust - common interests - sharing - sense of humor - appreciation for each other - commitment - shared goals - respect for self and others - honesty - kindness - forgiveness - empathy (understanding) - effective communication - patience
	4. Identify characteristics of one close interpersonal relationship.	Have students complete this activity with their closest friend or relative. For one week students keep a log of things which occur in their relationship which illustrate the characteristics of a close relationship (as identified in Student Activity 3). For example:

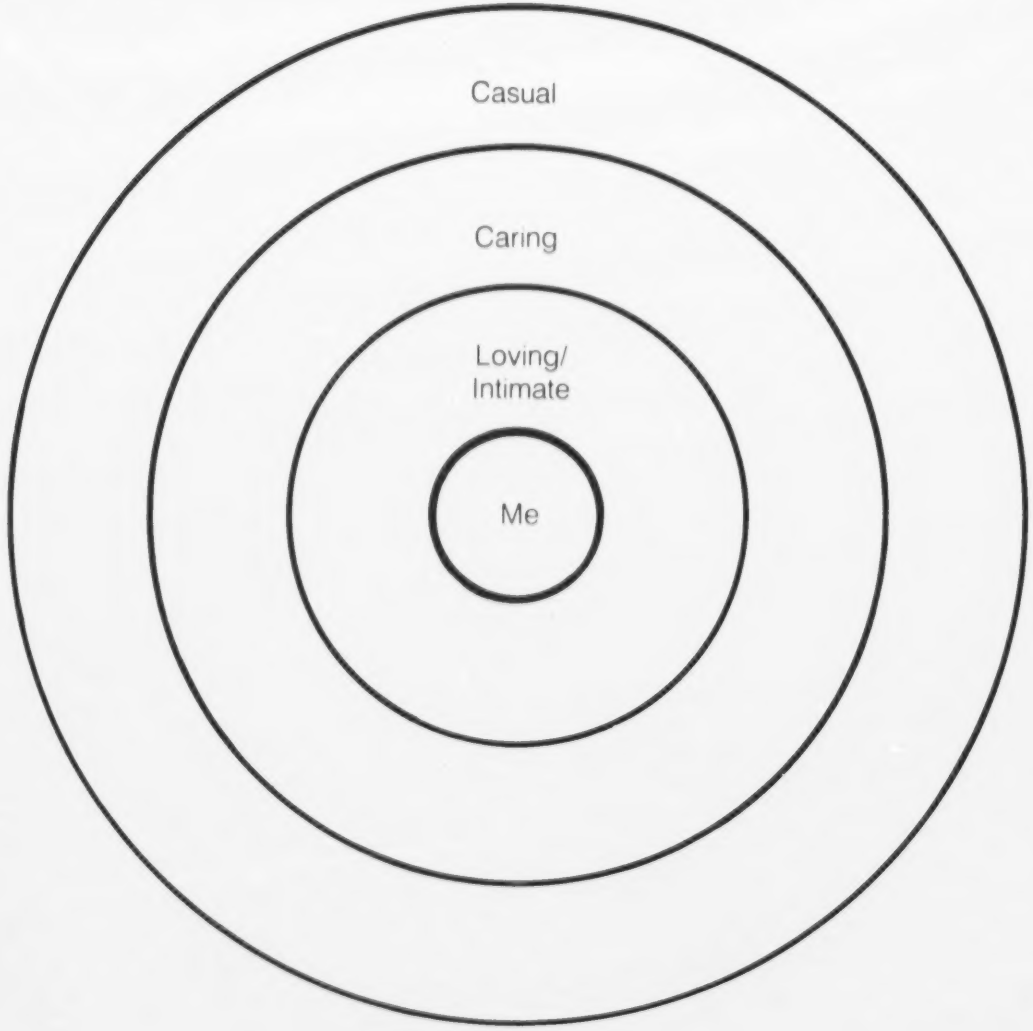
Monday	**Characteristic**
I told Jill that I have a crush on Ralph.	- trust - communication
Jill and I went to fitness class together.	- common interest

SOCIAL CIRCLES

FL91

WITHIN
MY
FAMILY

Write the names of people in your family on the appropriate circles.



OUTSIDE
MY
FAMILY

Write the names of people you have relationships with in the appropriate circles.

FAMILY LIFE

GRADE: 8 **LESSON: 3** **THEME: HUMAN DEVELOPMENT AND REPRODUCTION**

CONCEPT: REPRODUCTION ENSURES THE CONTINUATION OF NEW LIFE

PREPARATION: 1. Prepare a class set of The Reproductive Systems worksheets (Activity Sheets FL92A and 92B)

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the structure and function of the male and female reproductive systems	Students: 1. Complete The Reproductive Systems worksheets.	Background Information: FL95 to FL99 Refer to Activity Sheets FL92A and 92B. (FL92C, 92D Teacher Answer Guides) Ask students to complete the two worksheets. This is a review of material learned in previous grades. If students' responses indicate they know the information, teachers should proceed to the next lesson. If students are unsure of the information, teachers should review Family Life Grade 7, Lesson 2 with them.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. List advantages and disadvantages of sexual abstinence for young adolescents.	Record responses on an experience chart:

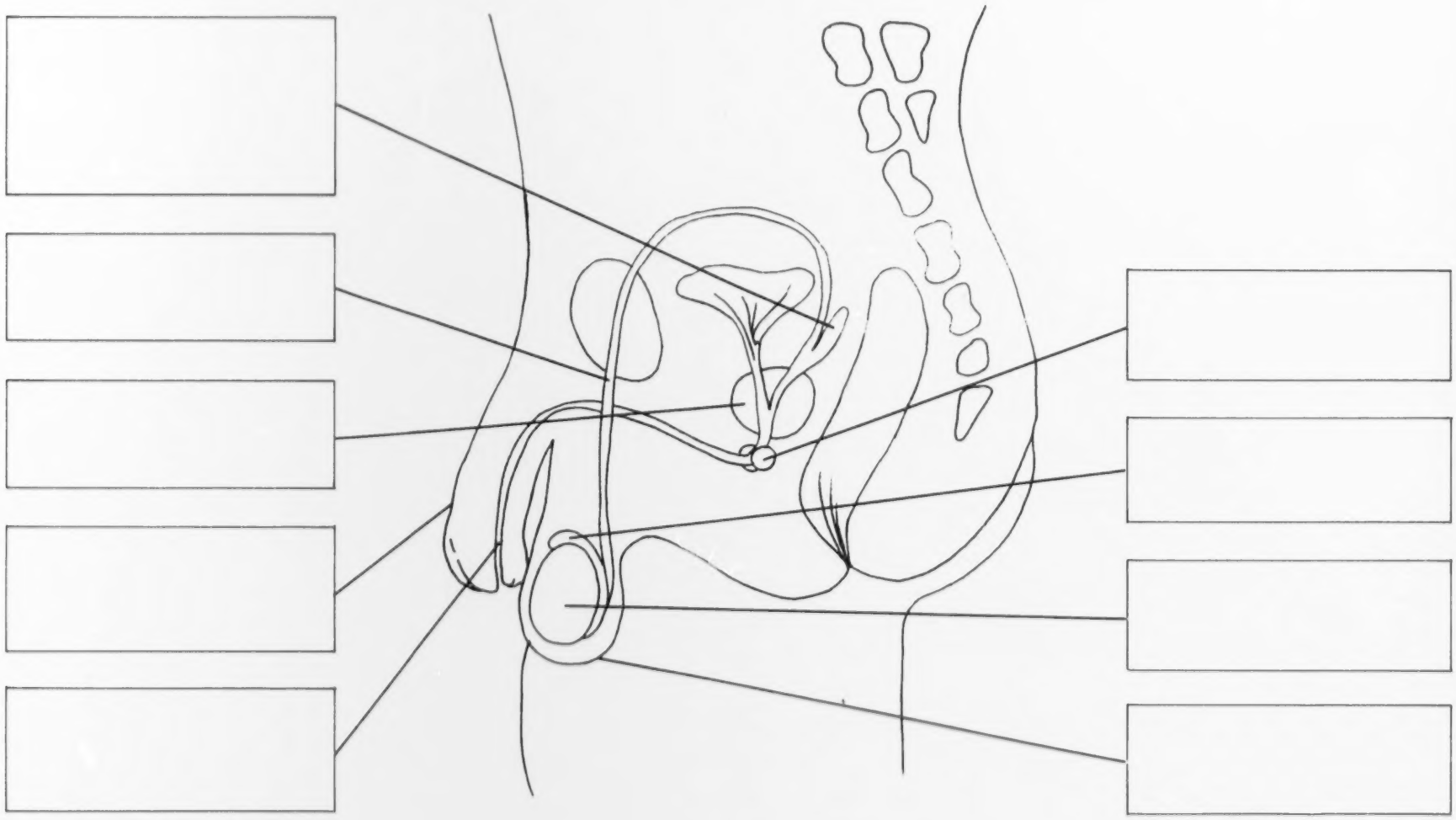
Advantages	**Disadvantages**
- freedom from fear of pregnancy and sexually transmitted diseases - freedom from guilt - satisfaction of being in control of one's own life - time to develop commitment to relationship	- continued pressure from partner and/or group - possible termination of relationship - risk of health problems (especially mental and social)

ii) practise assertive responses to sexual pressure	3. Practise assertive responses to pressure.	Refer to Activity Sheet FL93A (FL93B - Teacher Answer Guide). Have two students act out the first situation. The first student gives the line: "Everybody's doing it." The second student has to think of an assertive response. e.g., "Well, I'm not everybody. I'm me. Anyway, I don't think everybody ***is*** doing it. That's just a lot of talk." Divide the students into small groups. Give each group a copy of Activity Sheet FL91 with the pressure "lines" on it. One person says the pressure "line" and another thinks of an assertive response to it.
i) identify the causes, characteristics, consequences, treatment and prevention of common sexually transmitted diseases	1. Review the causes , characteristics, consequences, treatment, prevention of chlamydia and gonorrhea.	Refer to Activity Sheets FL96A and 96B. This is a review of Family Life, Grade 7, Lesson 8. Have students review the causes, characteristics, consequences, treatment and prevention of chlamydia and gonorrhea. Record student responses using experience charts as illustrated:

THE REPRODUCTIVE SYSTEM (MALE)

FL92A

In each box, name the reproductive part and briefly describe its function.



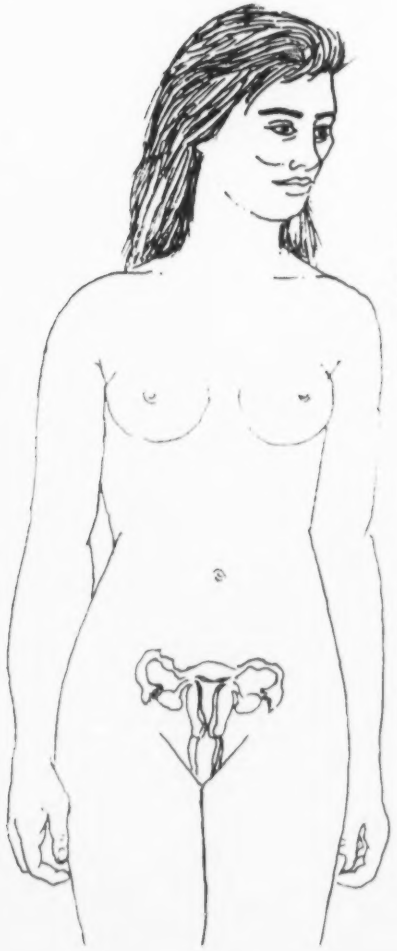
211

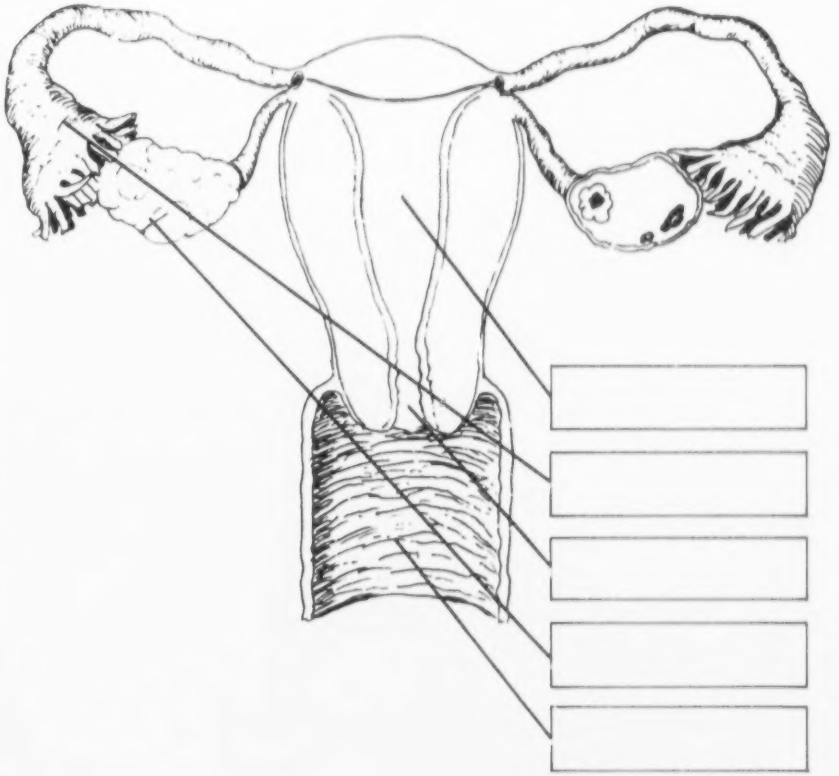
212

THE REPRODUCTIVE SYSTEM (FEMALE)

FL92B

In each box, name the reproductive part. Match each part to its function by drawing a line between each.





functions

where eggs develop and are stored
the opening to the uterus
the opening into which the penis is inserted during sexual intercourse
they carry the egg to the uterus
where the egg grows into a baby

213

211

THE REPRODUCTIVE SYSTEM (MALE)

FL92C

(Teacher Answer Guide)

In each box, name the reproductive part and briefly describe its function.

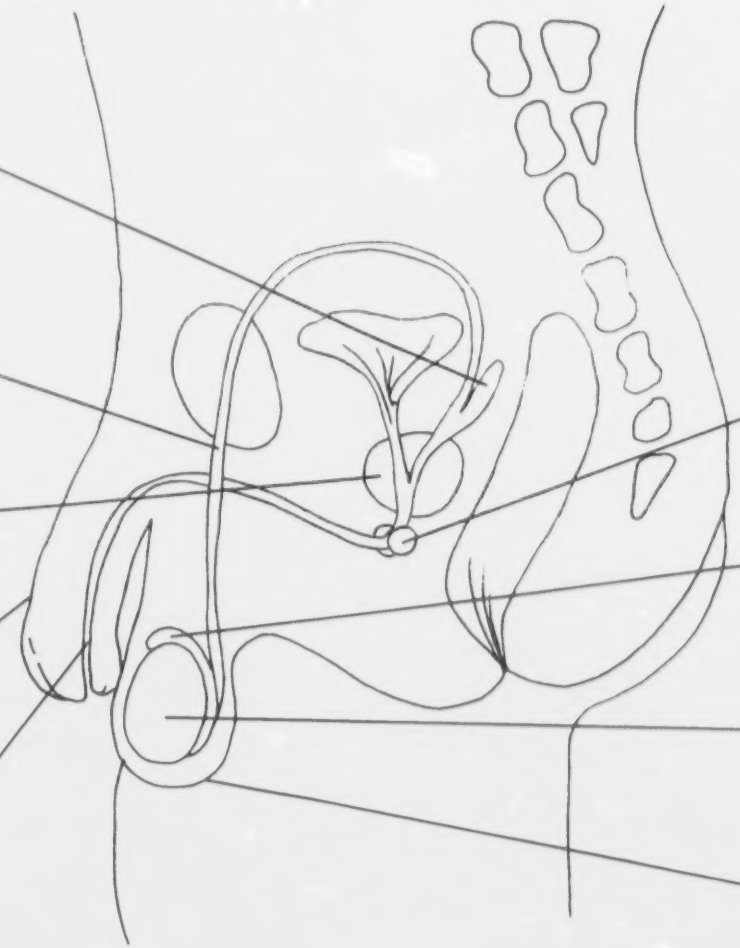
seminal vesicle - releases fluid which nourishes the sperm and allows it to travel more easily along the vas deferens

vas deferens - carry the sperm from each testicle to the urethra

prostate gland - adds fluid to the sperm to make semen

penis - holds the urethra which carries the sperm and urine out of the body at different times

urethra - carries semen and urine out of the body



Cowper's gland - releases fluid into the urethra

epididymus - stores mature sperm before they enter the vas deferens

testicle - produces sperm and the hormone testosterone

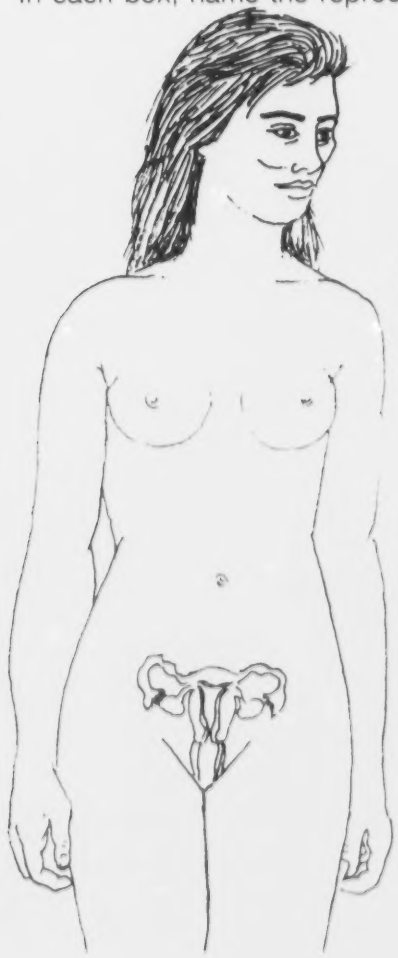
scrotum - the bag which holds the testicles

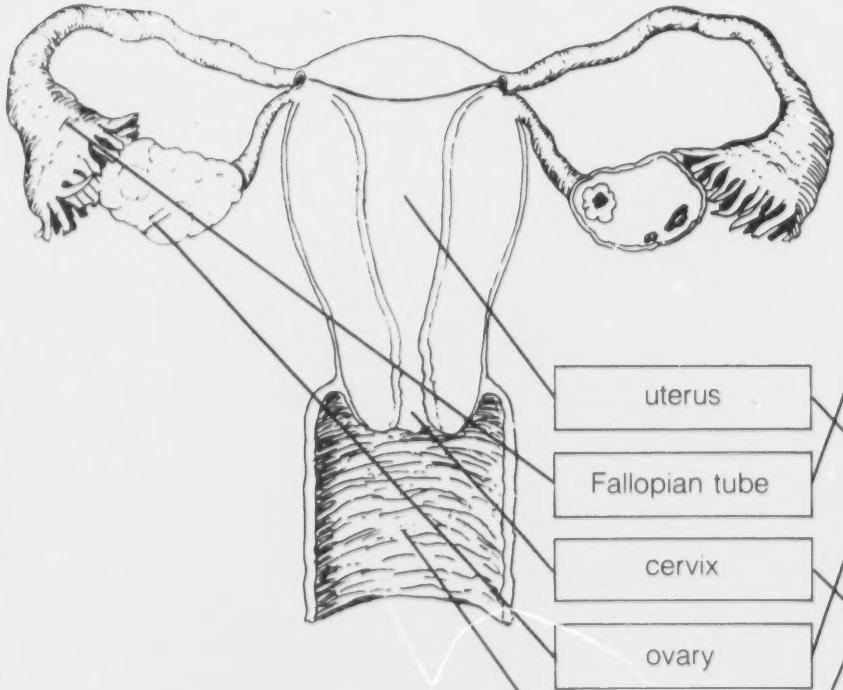
THE REPRODUCTIVE SYSTEM (FEMALE)

FL92D

(Teacher Answer Guide)

In each box, name the reproductive part. Match each part to its function by drawing a line between each.





uterus

Fallopian tube

cervix

ovary

vagina

functions

they carry the egg to the uterus

where eggs develop and are stored

the opening into which the penis is inserted during sexual intercourse

where the egg grows into a baby

the opening to the uterus

FAMILY LIFE

GRADE: 8 LESSON: 4 THEME: HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: THE DEVELOPMENT AND UNION OF REPRODUCTIVE SEX CELLS ARE SIGNIFICANT TO THE DEVELOPMENT OF NEW LIFE

PREPARATION: 1. Pamphlets, booklets, books etc. on aspects of human development and reproduction for research project

VOCABULARY: misconceptions

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: FL95 to FL99 Students have studied various aspects of the reproductive system and reproductive processes in previous grades. Each teacher must identify what knowledge students already possess and what they need to know. 1. Conduct an initial assessment based on Family Life, Grade 7, Lessons 2, 3, 4. If not satisfied with student knowledge review the Grade 7 material. 2. Establish a Question Box where students identify questions about human development and topics they wish to study. Use this as the basis for teaching.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
i) explain the significance of ovulation and sperm development to reproduction	1. Complete a project on one aspect of Human Development and Reproduction.	Have students select one topic from the following list, or choose a topic of their own. - How would you explain menstruation to your daughter if you were a parent? - How would you answer the question, "Where did I come from?" if you were a parent and your seven year old asked you this? - How would you explain "unexpected" erections and wet dreams to your son if you were a parent? - Identify childhood misconceptions about human reproduction, and explain them. - Write your autobiography from conception to birth. - How would you explain the importance of responsible decision-making related to human development, if you were the parent of an adolescent? The project should include: - text or roleplay with another student - illustrations or pictures - diagrams - references/bibliography Rather than simply recalling factual information this activity attempts to personalize information about human reproduction.

FAMILY LIFE

GRADE: 8 **LESSON: 5** **THEME: TEEN DECISIONS**

CONCEPT: ASSERTIVENESS AND ABSTINENCE ARE RESPONSIBLE BEHAVIOURS FOR YOUNG ADOLESCENTS

PREPARATION: 1. Prepare a class set of Pressure Lines (Activity Sheet FL93A)

VOCABULARY: abstinence, assertiveness

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain why abstinence is a responsible behaviour for young adolescents	Students: 1. List reasons for and against the sexual involvement of young people.	Background Information: FL100 Some of this lesson is a review of Family Life, Grade 7, Lessons 5 and 7. In small groups, have students brainstorm reasons why some young people may become sexually involved and why some may not. Record student responses on the chalkboard or an experience chart:

Reasons why some young people may become sexually involved	**Reasons why some young people may postpone sexual involvement**
- pressure from boy/girl friend - desire to be part of the group - "it just happens" - societal expectations - curiosity	- moral reasons - fear of pregnancy or sexually transmitted diseases - either or both partners not ready for sexual involvement

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

		· to express love/caring · for pleasure · desire to appear grown-up · need to feel loved/lovable · sexual assault (incest, rape, threats)	· fear of damage to reputation · decision to wait until commitment to relationship is made

Discuss with the whole class.

2. List advantages and disadvantages of sexual abstinence for young adolescents.

Record responses on an experience chart.

Advantages	Disadvantages
· freedom from fear of pregnancy and sexually transmitted diseases · freedom from guilt · satisfaction of being in control of one's own life · time to develop commitment to relationship	· continued pressure from partner and/or group · possible termination of relationship · risk of health problems (especially mental and social)

ii) practise assertive responses to sexual pressure

3. Practise assertive responses to pressure.

Refer to Activity Sheet FL93A (FL93B - Teacher Answer Guide).

Have two students act out the first situation. The first student gives the line:

"Everybody's doing it."

The second student has to think of an assertive response.

e.g., "Well, I'm not everybody. I'm me. Anyway, I don't think everybody *is* doing it. That's just a lot of talk."

Divide the students into small groups. Give each group a copy of Activity Sheet FL91 with the pressure "lines" on it. One person says the pressure "line" and another thinks of an assertive response to it.

PRESSURE "LINES"

FL93A

1. Line: "Everybody's doing it."
2. Line: "If you love me, you'll have sex with me."
3. Line: "If you won't have sex with me, then I don't want to see you any more."
4. Line: "I know you want to do it, you're just afraid of what people will say."
5. Line: "It's just part of growing up."
6. Line: "I want to marry you someday."
7. Line: "We had sex once before, so what's the problem now?"
8. Line: "You don't want people to think you're not a man (woman)."
9. Line: "Don't you want to try it to see what it's like?"
10. Line: "But I have to have it!"
11. Line: "If you want to be popular with the kids at school ... you'll do it."
12. Line: "If you get pregnant, I'll marry you."
13. Line: "You want it as much as I do."
14. Line: "You've gotten me all excited. If you love me, you'll prove it."
15. Line: "Hey, let's find out about the fireworks they are always talking about on TV and in the movies."
16. Line: "Come on, take a drink. It will get you in the mood."
17. Line: "If you don't, someone else will."
18. Line: "A lot of your friends are doing it. You're just not with it."

POSSIBLE ASSERTIVE RESPONSES

FL93B

1. Reply: "Well, I'm not everybody, I'm me. Besides; I don't really believe everybody is doing it. I think it's a lot of talk."

   or

   "No Thanks!"

2. Reply: "If you love me, you'll respect my feelings and not push me into doing something I'm not ready for."

3. Reply: "Well, if that's the way you feel, I'm going to miss seeing you, but that's the way it's gotta be."

4. Reply: "If I wanted to do it, I wouldn't be arguing with you about it."

5. Reply: "Having sex doesn't mean you're grown-up. Being grown-up to me means deciding what I believe and then sticking to those beliefs."

6. Reply: "Marriage is a long way off for me. There's lots I want to do and see. I want to wait until I'm older to have sex."

7. Reply: "I have a right to change my mind. I've decided to wait until I'm older."

8. Reply: "Having sex doesn't prove you are a man (woman). It's not for me right now."

9. Reply: "I think that's a pretty poor reason to have sex, pretending to care just so you can see what it's like. No thanks."

10. Reply: "No you don't. If I can wait, you can wait."

11. Reply: "I don't have to depend on sex to be popular. I have more to offer than that. People like you because of the kind of person you are, the kind of character you have."

12. Reply: "I don't want to risk getting pregnant, and I'm not ready to get married."

13. Reply: "No, I really don't. I've got a lot of plans for my life and I don't want to mess things up by getting pregnant."

14. Reply: "Having sex doesn't prove you're in love. I have too much self-respect to get sexually involved before I'm ready for it. I've decided to wait."

15. Reply: "TV and the movies are just shows, a make-believe world, not the way life really is. 'Fireworks' like that don't usually happen except maybe when you have invested a lot of time with another person and deeply care for that person."

16. Reply: "No thanks, I've had enough. I don't want to get drunk and not know what I'm doing."

17. Reply: "If all I mean to you is a body to have sex with, maybe we'd better take a closer look at why we see each other. You have no right to use me."

18. Reply: "What my friends decide to do is their business. I make my own decisions. What may be right for my friends isn't necessarily right for me. I've decided to wait. That's my decision."

Adapted from: Howard, M., Mitchell, M. and Pollard, B. Postponing Sexual Involvement: An Educational Series for Young People. Emory/Grady Teen Services Program, Grady Memorial Hospital, Atlanta, GA., 1983

FAMILY LIFE

GRADE: 8 LESSON: 6 THEME: TEEN DECISIONS

CONCEPT: INDIVIDUALS CAN PLAN THE REPRODUCTION OF NEW LIFE

PREPARATION:
1. Invite a nurse or doctor to the class to talk about birth control methods
2. Prepare overhead transparencies of Activity Sheets FL94A - 94H
3. Prepare a class set of Birth Control Review (Activity Sheet 95A)

VOCABULARY: birth control, effective, diaphragm, I.U.D.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe some methods of birth control	Students: 1. Discuss birth control methods.	Background Information: FL105 to FL106 Refer to Activity Sheets FL94A - 94H. Prior to the lesson, invite a community health nurse or doctor to the class to talk about birth control methods. This information should include: - sexual abstinence - methods of birth control for males and females and should cover the following areas: - advantages and disadvantages - problems - where to get more information

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		It is important to emphasize that sexual intercourse can lead to pregnancy, unless precautions are taken to prevent it. Most forms of prevention require planning and thought. Such planning and thought is a shared responsibility of males and females. It should also be emphasized that abortion is ***not*** a form of birth control. It is a method of terminating a pregnancy for medical or other reasons. While students may ask about tubal ligation, vasectomy etc., this lesson concentrates on methods of birth control which are appropriate for young people.
	2. Complete Birth Control Review worksheet.	Refer to Activity Sheet FL95A (FL95B - Teacher Answer Guide).

METHODS OF BIRTH CONTROL

FL94A

1. Sexual abstinence

Choosing not to have sexual intercourse and/or saying 'No' to sexual pressure.

Effectiveness: 100%

Advantages	Disadvantages
- freedom from fear of pregnancy and sexually transmitted diseases - freedom from guilt - satisfaction of being in control of one's life - time to develop commitment to relationship - respect for self is maintained	- continued pressure from partner and/or group - possible termination of relationship - risk of health problems (especially mental and social)

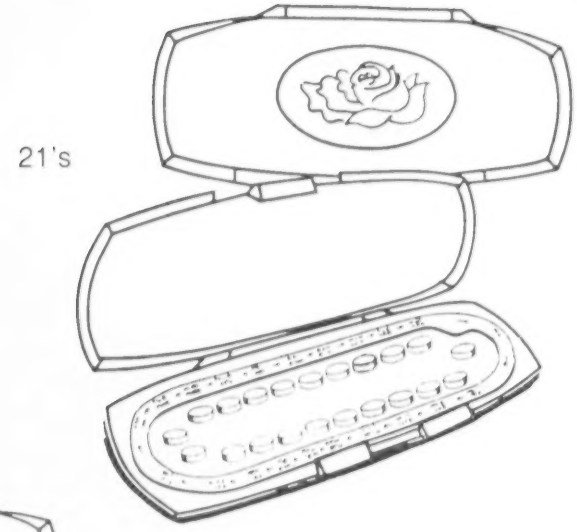
2. Oral Contraceptives (The Pill)

FL94B

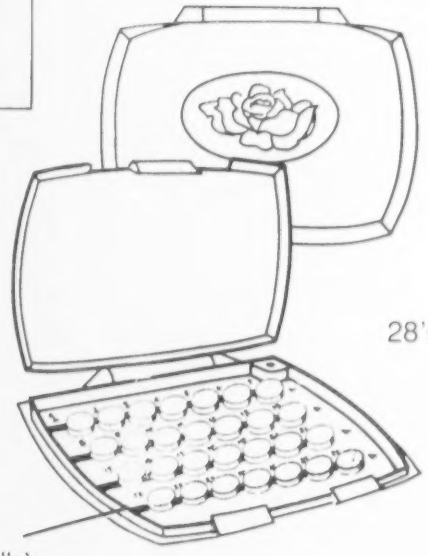
The pill suppresses ovulation, thus preventing pregnancy.

Effectiveness: High

Advantages	Disadvantages
- freedom from fear of pregnancy - decreased chance of some health problems, e.g., anemia - allows for spontaneity in sexual activity	- possible increased chance of some serious health problems e.g., stroke - may have some side-effects e.g., headache, weight gain - may be increased pressure to have intercourse



21's



28's

Placebos
(Inactive Pills)

3. I.U.D. (Intra-Uterine Device)

A plastic coil, loop or copper object which is inserted into the uterus by a doctor. (Not frequently recommended for young people because of possible health risks.)

Effectiveness: High

Advantages	Disadvantages
- allows for spontaneity in sexual activity - is effective over an extended period of time	- heavier menstrual bleeding - may be displaced - requires services of doctor or nurse (with appropriate training) - may be some health risks e.g., infections

Copper 7

Copper T

Progesterone T

Lippers Loop

4. Condom

FL94D

A plastic or rubber sheath which traps the sperm. It is worn over the erect penis. It is important to learn to use the condom correctly. A condom is more effective if used in conjunction with spermicide. Other names are 'rubber', 'safe', and 'prophylactic'.

Effectiveness: effective when used with spermicide

Advantages	Disadvantages
- no side effects - available from stores or nursing stations - protects against sexually transmitted diseases	- requires planning - may have negative image - may be reluctance to buy or request a condom in public - condom must not be damaged (note expiry date)

Condom with recepticle tip.

Condom without recepticle tip.

5. Diaphragm

FL94E

A shallow rubber cup that covers the cervix. It prevents sperm from entering. It is more effective when used with a spermicide, jelly or cream.

Effectiveness: highly effective when used with spermicide

Advantages	Disadvantages
- may protect from STDs - no side effects - can be inserted beforehand	- must be fitted for correct size by a doctor or nurse (with appropriate training) - must be instructed in its use - may be uncomfortable - does not permit spontaneity - must be left in place for 6-8 hours after intercourse

To insert diaphragms, spread spermicidal jelly on both sides and around the rim. Squeeze rim together and insert as shown below:

6. Spermicide

FL94F

Foam, cream or jelly that contain chemicals which kill sperm.

Effectiveness: Low to medium; increases if used along with another form of birth control, e.g., condom.

Advantages	Disadvantages
- protects a little against STDs	- messy - does not permit spontaneity - only effective for one act of sexual intercourse

The foam is inserted into the vagina with an applicator.

The foam forms a spermicidal barrier in the vagina and around the cervix.

7. Withdrawal

Effectiveness: Not Effective

Advantages	Disadvantages
- no preparation required	- frustrating - messy - may cause worry

8. Natural Family Planning

FL94G

Avoiding intercourse just prior to and just after ovulation. The woman takes her temperature each morning and plots it on a chart. A slight temperature increase in mid-cycle indicates that ovulation has taken place.

Effectiveness: ***Not*** reliable for young people

Advantages	Disadvantages
- become knowledgeable about own body and cycle - no physical health risks	- may be difficult to follow if cycle is irregular - may be frustrating during time when intercourse cannot take place - must take temperature ***every*** day and record for several months before a pattern emerges showing when ovulation is likely to take place

BIRTH CONTROL REVIEW

FL95A

Who Am I?

Write the name of one method of birth control in each blank. Label each diagram.

Clue #1	Possibilities	Clue #2	Answer
I am free.	_____ _____ _____	I can be used only by females with a regular cycle.	_____
I must be applied before each act of sexual intercourse.	_____ _____ _____	I am used by the male.	_____
I permit spontaneity.	_____ _____	I have to be taken daily.	_____
I require a doctor or trained nurse.	_____ _____	I am not removed after sexual intercourse.	_____
I have several names.	_____ _____ _____ _____	This is my real name.	_____

_____

_____

_____

_____

_____

BIRTH CONTROL REVIEW

FL95B

(Teacher Answer Guide)

Who Am I?

Write the name of one method of birth control in each blank. Label each diagram.

Clue #1	Possibilities	Clue #2	Answer
I am free.	abstinence Withdrawal Natural Family Planning	I can be used only by females with a regular cycle.	Natural Family Planning
I must be applied before each act of sexual intercourse.	Condom Foam/jelly/cream Diaphragm	I am used by the male.	Condom
I permit spontaneity.	I.U.D. The pill	I have to be taken daily.	The Pill
I require a doctor or trained nurse.	I.U.D. Diaphragm	I am not removed after sexual intercourse.	I.U.D.
I have several names.	Condom Safe Rubber Prophylactic	This is my real name.	Condom

diaphragm

pill

I.U.D.

foam/jelly/cream

condom

FAMILY LIFE

GRADE: 8 LESSON: 7 THEME: SEXUALLY TRANSMITTED DISEASES

CONCEPT: SEXUALLY TRANSMITTED DISEASES ARE SERIOUS COMMUNICABLE DISEASES THAT CAN BE PREVENTED

PREPARATION:
1. Prepare a class set of Fact Sheets on Sexually Transmitted Diseases (Activity Sheets FL96A to 96F)
2. Invite a nurse or doctor to the class to talk about sexually transmitted diseases

VOCABULARY: syphilis, pubic lice, genital herpes, trichomoniasis, sterility, ectopic pregnancy, abstain

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the causes, characteristics, consequences, treatment and prevention of common sexually transmitted diseases	Students: 1. Review the causes, characteristics, consequences, treatment, prevention of chlamydia and gonorrhea	Background Information: FL102 to FL104 Refer to Activity Sheets FL96A and 96B This is a review of Family Life, Grade 7, Lesson 8. Have students review the causes, characteristics, consequences, treatment and prevention of chlamydia and gonorrhea. Record student responses using experience charts as illustrated.

Causes	Charact-eristics	Conse-quences	Treatment	Prevention

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. List other common sexually transmitted diseases.	Other common sexually transmitted diseases include: - syphilis - pubic lice - genital herpes - trichomoniasis - AIDS There are actually many other of sexually transmitted diseases.
	3. Describe the causes, characteristics, consequences, treatment and prevention of syphilis, pubic lice, genital herpes and trichomoniasis.	Refer to Activity Sheets FL96C, D, E and F. Divide the class into 4 small groups. Give each group a fact sheet on one of the sexually transmitted diseases. Have them prepare an experience chart, similar to those in Student Activity 1 for their particular disease. Have each group report back to the whole class.
	4. Discuss the common sexually transmitted diseases.	Prior to the class, invite the local community health nurse or doctor to the class to discuss STDs. Have students prepare questions in advance. **AIDS** The AIDS lessons, developed for use with Grades 7, 8 and 9, should be taught at this point. Teachers should use the lessons labelled Grade 8. Refer to the document ***NWT School Health Program, AIDS Component.***

CHLAMYDIA FACT SHEET

FL96A

Causes of Chlamydia

Chlamydia is an STD caused by an organism. It is one of the most harmful of the STDs. In some cases, it is caused by a germ called ureaplasma and in other cases the cause is unknown.

Characteristics of Chlamydia

Men:

- A discharge from the penis.
- A burning or itching around the opening of the penis.
- Rectal discharge.
- Sometimes signs appear only in the mornings, then go away and later reappear.
- Many men with Chlamydia show no symptoms.

Women:

- Discharge from the vagina.
- Pain, itching or burning in or around the vagina.
- Many women with Chlamydia show no symptoms.

Possible Consequences of Chlamydia

If it is left untreated, Chlamydia can:

- spread throughout the entire reproductive system and may lead to abdominal pain and/or fever, nausea, headache and vomiting.
- cause scarring in the reproductive systems of males and females. If this scarring partially narrows the (Fallopian) tube(s), and the woman becomes pregnant, the growing fertilized egg is prevented from reaching the womb (ectopic pregnancy). The baby continues to grow in the narrowed tube causing the tube to rupture. This is a life-threatening situation.
- cause sterility in both women and men (inability to have children).
- cause eye infections or pneumonia in the newborn baby born to mothers who have Chlamydia in their birth canal.
- cause an acute inflammation of the joints which may lead to an arthritic condition.

Treatment for Chlamydia

- Seek medical advice.
- Chlamydia is treated with specific antibiotics. ALL of the medication must be taken as directed.
- Return to the doctor if the symptoms persist.
- Sexual partner(s) should be tested and treated immediately.
- It is important to abstain from sex until the doctor verifies that the infection is gone.
- All diagnosis and treatment of Chlamydia is CONFIDENTIAL.

Prevention of Chlamydia

Chlamydia is most commonly found in sexually active people between the ages of fifteen and thirty years. All sexually transmitted diseases including Chlamydia may be prevented in similar ways:

- Abstain from sexual activity. The more sexual partners an individual has, the higher the risk of becoming infected with Chlamydia.
- Sexually active individuals should use a condom to reduce the risk of infection. Condoms offer some protection for both partners.
- A person with Chlamydia should be treated at once and sexual partner(s) should be tested and treated immediately.

GONORRHEA FACT SHEET

FL96B

Causes of Gonorrhea

Gonorrhea is caused by a germ called a gonococcus which dies quickly when exposed to the air. The germ thrives well in mucous membranes that line body openings.

Characteristics of Gonorrhea

Men:

- Some men have no symptoms. Two to ten days after contact with an infected person, there may be a discharge of pus from the penis and/or a burning sensation when urinating.

Women:

- Some women have no symptoms. There may be a mild burning sensation in the genital area and/or discharge from the vagina.

Possible Consequences of Gonorrhea

If untreated, gonorrhea may infect the internal sex organs causing pain and resulting in sterility. It may spread to the joints causing painful arthritis. It may also cause serious damage to sight.

Treatment for Gonorrhea

- Seek medical advice.
- Gonorrhea is treated with antibiotics. ALL of the medication must be taken as directed.
- Return to the doctor if the symptoms persist.
- Sexual partner(s) should be tested and treated immediately.
- It is important to abstain from sex until the doctor verifies that the infection is gone.
- All diagnosis and treatment of Gonorrhea is CONFIDENTIAL.

Prevention of Gonorrhea

All sexually transmitted diseases may be prevented in similar ways:

- Abstain from sexual activity. The more sex partners an individual has, the higher the risk of becoming infected with Gonorrhea.
- Sexually active individuals should use a condom to reduce the risk of infection. Condoms offer some protection for both partners.
- A person with Gonorrhea should be treated at once and sexual partner(s) should be tested and treated immediately.

SYPHILIS FACT SHEET

FL96C

Causes of Syphilis

Syphilis is caused by bacteria. The bacteria are destroyed when exposed to temperature change, light, air or soap, however, they multiply rapidly in the bloodstream. It is usually spread through sexual intercourse but can also be spread through the skin and through blood transfusions.

Characteristics of Syphilis

- No symptoms for up to three months (incubation).
- Symptoms may be mistaken in first and second stages for pimples, insect bites, herpes lesions.
- Symptoms may disappear in between stages without treatment but the disease is still active.
- There are three stages:
  first stage - appearance of a painless sore (cancre) in the area where the contact was made, usually in the moist, genital area but may occur on the lips, tongue or rectum
  second stage - begins from three weeks to six months after infection - generalized skin rash, sore throat, fever, headache, patchy loss of hair
  third stage - may lead to serious diseases of the heart, liver, nerves, brain or even death

Possible Consequences of Syphilis

If left untreated syphilis can:
- lead to heart disease, paralysis, blindness, mental illness, loss of memory
- may be passed on to an unborn child, leading to possible birth defects, premature birth or death of the fetus

Treatment of Syphilis

- Syphilis is treated with antibiotics or penicillin administered by one injection.
- Treatment cannot cure any permanent damage which has occurred.
- It is important to abstain from sex until the doctor verifies that the infection is gone.
- All diagnosis and treatment of syphilis is CONFIDENTIAL.

Prevention of Syphilis

All sexually transmitted diseases including syphilis may be prevented in similar ways:
- Abstain from sexual activity. The more sex partners an individual has, the higher the risk of becoming infected with syphilis.
- Sexually active individuals should use condoms to reduce the risk of infection. Condoms offer some protection for both partners.
- A person with syphilis should be treated at once and sexual partner(s) should be tested and treated immediately.

PUBIC LICE FACT SHEET

FL96D

Causes of Pubic Lice

Pubic lice is a sexually transmitted disease caused by crablike insects that live on the surface of the skin. Adult lice cling to the host hairs, lay eggs and cement them to the hair shafts.

Characteristics of Pubic Lice

- usually infested around genitals, anus, armpits, beard and eyelashes
- eggs can be seen with the naked eye on the base of the hair shaft
- eggs look like flecks of dandruff
- lice are rust coloured flecks that move around
- bites appear as bluish spots
- blood spots may show up on underclothing
- intense itching in infested area during the night

Possible Consequences of Pubic Lice

- bites may become infected if scratched
- loss of sleep

Treatment of Pubic Lice

- Pubic lice are eliminated with a gamma-hexachloride preparation in cream, lotion and shampoo available without prescription from a drug store or nursing station.
- Clothing, bedding, towels that were in contact with the infected person in the past 2 weeks must be washed in very hot water.
- It is important to abstain from sexual activity until the doctor verifies that the infection is gone.
- All diagnosis and treatment of pubic lice is CONFIDENTIAL.

Prevention of Pubic Lice

Pubic lice may be prevented in the following ways:
- Abstain from sexual activity. The more sex partners an individual has, the higher the risk of becoming infected with pubic lice.
- Abstain from using other peoples' towels, clothing, personal items.
- A person with pubic lice should be treated at once and sexual partner(s) should be notified immediately.

GENITAL HERPES FACT SHEET

FL96E

Causes of Genital Herpes

Genital herpes is a sexually transmitted disease caused by the Herpes Simplex Virus type 2.

Characteristics of Genital Herpes

- painful, itching blister like sores in the genital area
- painful intercourse
- burning sensation during urination
- fever, flu-like symptoms
- symptoms may disappear and reappear

Possible Complications of Genital Herpes

- genital herpes cannot be cured but it can be controlled
- increased risk of cervical cancer in women
- risk of death or brain damage of fetus in an infected woman

Treatment of Genital Herpes

- No known cure for genital herpes.
- Treatment is available to help sores heal faster and to prevent or reduce frequent recurrences.
- Sores should be kept clean and dry to prevent secondary infections.
- Tight clothing should be avoided.
- It is important to abstain from sexual activity during the active stage.
- All diagnosis and treatment of genital herpes is CONFIDENTIAL.

Prevention of Genital Herpes

All sexually transmitted diseases including genital herpes may be prevented in similar ways:

- Abstain from sexual activity. The more sex partners an individual has the higher the risk of becoming infected with genital herpes.
- It is important to abstain from sexual activity during the active stage.
- A person with genital herpes should be treated at once and sexual partner(s) should be tested and treated immediately.
- BUT use of a condom does not reduce the risk of infection as in most other STDs.

TRICHOMONIASIS FACT SHEET

FL96F

Causes of Trichomoniasis

Trichomoniasis is a sexually transmitted disease caused by a protozoan parasite. It can live for a few hours on damp clothing and towels.

Characteristics of Trichomoniasis

Women:
- frothy yellowish vaginal discharge with a strong odour
- irritation and itching in the genital area

Men:
- few if any symptoms

Treatment of Trichomoniasis

- Trichomoniasis is treated with the drug Metronidasol.
- It is important to abstain from sexual activity until the doctor verifies that the infection is gone.
- All diagnosis and treatment of trichomoniasis is CONFIDENTIAL.

Prevention of Trichomoniasis

- All sexually transmitted diseases including trichomoniasis may be prevented in similar ways:

- Abstain from sexual activity. The more sex partners an individual has, the higher the risk of becoming infected with trichomoniasis.
- Sexually active individuals should use condoms to reduce the risk of infection. Condoms offer some protection for both partners.
- Abstain from using other peoples' towels, clothing, personal items.
- A person with trichomoniasis should be treated at once and sexual partner(s) should be tested and treated immediately.

FAMILY LIFE

GRADE: 8 LESSON: 8 THEME: ABUSE PREVENTION

CONCEPT: THERE ARE MANY TYPES OF VIOLENCE THAT MAY OCCUR WITHIN THE FAMILY

PREPARATION:

1. Prepare a class set of Activity Sheets FL97, 98, 99, 101, 102
2. If possible obtain brochures 'Listen To The Children' and 'Arghh! Bam Pow Ouch!!'. (NWT Department of Culture and Communications)
3. Prepare an overhead transparency of The Cycle of Violence (Activity Sheet FL100)
4. Prior to the lesson, invite the R.C.M.P. to class to talk about family violence

VOCABULARY: violence, socio-economic, ethnic, victim, batterer

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: FL107 to FL114 It is important that teachers approach the topic of family violence with sensitivity, particularly if there is a child in the class who is, or has been, a victim of family violence.
i) describe family violence	1. Define the term 'family violence'.	Brainstorm with students what they understand by family violence. Family violence includes child abuse (including neglect), sexual assault and spousal assault.
	2. List some outcomes of family violence.	Refer to Activity Sheet FL97. Have students read Christine's Story to stimulate responses. Some outcomes of family violence include:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- injury (or death) to a family member - arguments and fights within the family - the breakdown of the family - likelihood of violence being repeated in next generation - increased violence over time - fear/confusion for victims and children at the time - emotional scars long afterwards
	3. Describe the characteristics of a violent family.	There is no "typical" family. Family violence occurs in families - of all ages - from all occupations - from all ethnic groups - from all religions - from all socio-economic classes
	4. Read "What Kind Of Man Would Beat His Wife?"	Refer to Activity Sheet FL98. After reading the article discuss the characteristics of violent men as identified in the article. It is important to point out to students that violence is not restricted to men. Women too can abuse their partners and children.
	5. Describe effects of family violence on children.	Refer to pamphlet 'Listen To The Children', ***or*** make this pamphlet from Activity Sheet FL99. Have students read the pamphlet and identify common effects: - neglect - abuse - sexual abuse - too much emotional strain Have them identify long-term effects:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- likelihood of passing violence on to next generation - problems at school - problems with relationships - poor self-esteem
ii) identify factors that may lead to family violence	6. Brainstorm a list of factors that may lead to family violence.	Some factors that may lead to family violence include: - drug abuse e.g., alcoholism - frustration - anger - unemployment - financial problems - family changes - history of family violence Discuss with the whole class. It is important that students understand that it is not the factors which lead to family violence but the inability of an individual to cope with these life stresses. The article "What Kind Of Man Would Beat His Wife", Activity Sheet FL98, identifies some characteristics of men who assault their partners.
	7. Describe the cycle of violence.	Refer to Activity Sheet FL100. Using the overhead transparency discuss the cycle of violence. Note: - the length of the cycle varies from family to family depending upon how long it takes for tension to build to the explosion point - the cycle continues until or unless the underlying problems are cleared up.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) describe methods of coping with family violence	8. Discuss methods of coping for victims of family violence.	Refer to pamphlet 'Listen To The Children', last section. Prior to the class, invite an R.C.M.P. to class to discuss how to cope with family violence. These may include: - police intervention - counselling services for victim/family members - support groups i.e., family, friends, community supports (YWCA) - "a safe house" - agencies offering interventions - Dept. of Social Services, Alateen, Alcoholics Anonymous, Alanon.
	9. Discuss methods of coping for batterers.	Refer to Activity Sheet FL101. Refer to pamphlet 'Arghh! Bam Pow Ouch!!' or to Activity Sheet FL102. Have students read A Former Batterer Speaks Out (Activity Sheet FL101) and How To Break The Cycle (Activity Sheet FL102, or pamphlet Arghh! Bam Pow Ouch!!) Discuss. How To Break The Cycle is directed towards batterers - telling them what to do.

"Anything that happened to my Mom was part of me." FL97
CHRISTINE'S STORY

Christine is a young, northern-born woman with a bright smile and a quick mind. She has a good job, friends, and her own home. If you met her, you'd say she was doing great; and she is. But if you got to know her better, you'd start to recognize the shaky, hurt feelings she carries inside, the effects of growing up in a violent home.

When Christine tells you her story, she often breaks into tears; she holds her hands over her ears to block out the screams that replay in her memory.

In some ways her story is unique, but in its overall patterns, it is typical of what happens to kids in violent families. It could be so different if there were help.

(Names have been changed to protect the privacy of the people involved.)

My grandfather used to beat my grandmother up quite steadily. She has kidney problems, arthritis, things like that that are still affecting her today from the violence that was inflicted on her when she was young. Once my grandfather beat her up so badly that he had to take her out in the bush and hide her for three months, so she could recover.

All of this my grandparents, my mother, my uncles and aunts, grew up with. To them it was a normal healthy life. This was what you did.

I didn't see too much of the violence as a young child, because little kids were protected from that sort of thing. Every time there was a fight my mom would take me to another person's home until it ended. But I always saw the after effects. The bruises, the black eyes — things like that. If I asked any questions I was never given any answers. "Oh, they had a little fight." It looked like more than a little fight, but you just accepted things. I felt mixed up.

When I was nine years old my mom moved to Edmonton and started living with a man: I'll call him Bruce. I really didn't like him. But I changed my mind because my mom loved him and it felt it was important for me to like him, so I did.

I was living in the student hostel then. But when I turned eleven, I moved back with my family and we went to another community. That was a totally different story. I started to see and hear things I never had before. Bruce was always calling my mother down; and he hit her a lot.

I remember one time that really bothered me. I don't know how it started, but they were drinking and he started to hit her. As soon as my little brother saw what was happening, he ran out of the house. It was the middle of winter and he didn't even have a jacket on, just a pair of boots. Bruce kept on hitting my mom. She ran into the spare bedroom and he threw her on the floor and punched her and grabbed her hair and kept banging her head on the edge of the dresser, and I tried to push him away and I just couldn't. And I really couldn't stand it any more.

I ran outside; I don't think I even had shoes.

I found my brother sitting under an air vent that opened into the bedroom and he was still beating her up and all we could hear were her screams. Screaming. Just screaming.

We had neighbours and they never did anything.

About half an hour later we went back in and went to our bedroom because we were ordered there, and we never got to see our mom. But later my mom came into my room to ask for help. She thought she had a dislocated shoulder and she asked me to pull her arm back into the socket.

I said, "No, I'm going to hurt you." She kept saying please and I said "No, I'll hurt you more." But she talked me into it, and she was screaming again when I did it. I was just hurting her.

The next day she went to the nurse and she said she had fallen down a flight of stairs. I didn't know why she was protecting Bruce, but I knew it was done because my grandfather made my grandmother hide the story, so my mom hid it too.

The next day Bruce would be really nice to her, and "Oh, I love you," and "It'll never happen again and things like that. And he not only said those promises to my mom, he also said them to us, and of course we all believed him.

But he didn't stop. I don't know how many times he beat her. He did it so often it almost seemed natural. And then he started to beat me. My mom tried asking him not to hit me or getting

him to hit her instead. But it didn't work. We both got it. Sometimes she seemed to get hit because of me.

Part of my job was keeping the house clean. More and more chores were put on me, and the more my mom objected the worse it got. I tried really hard so he couldn't find something wrong with the house or with me. When I needed glasses, I never told anybody. It was just one more problem; maybe she'd get beaten up because I needed glasses or something like that.

When I was thirteen, I took a whole bunch of aspirins to commit suicide because I really was confused and I really thought everything was my fault. So maybe if I didn't live then everything would be all right. The only one that was there for me was my mom, probably because she'd tried to commit suicide herself. I know she did. There was just no way out.

At this time my mom was also an alcoholic. It was the only way she knew how to escape. It would have helped to have had someone to talk to, but with your mother being an alcoholic, there's really not a whole lot you can talk to her about. There was just nobody else.

For a long time I didn't tell anyone. Our neighbours were the kind who thought, "Oh, these people are getting divorced, they can't handle their life situation." If I had told anybody, we would have been in that same classification. A failure. No good. And I would have been a failure too.

One thing that kept me going was my "substitute families". Every town we lived in I had one place I could go where I knew I was well-liked. One place I had a special friend, an

older guy, who liked the idea of a little kid tagging along. I was like a little puppy: as soon as you showed a little bit of affection, I'd follow you around. One of my special families was having trouble dealing with a divorce. But frankly I could have dealt with divorce a lot easier than with what was happening in my family.

Of course, I wanted the violence to stop and I wanted my mom to stop drinking and all those good things, but even as a little kid you know there's no great person that's going to do all that.

So what I wanted was someone to be my friend and to show me that I was cared for.

I asked my mom one time why Bruce beat us up, and she told me he had seen his dad beat his mom really bad and he'd also been hit by his dad, so he must have thought it was all right to take your frustrations out on your wife.

So I couldn't really blame him, because of that. I just blamed him for making our own lives so miserable. Why continue it? Why the macho image?

Today, it's scary — super scary — for me to have a relationship with a man. If I could have a screening test it would be just perfect. You'd have to tell me if you'd ever seen anyone beaten in your family, and if you had, then automatically "out".

And it's hard to trust too, when for most of your life you've seen a guy break every promise and say nice things to you just to get what he wants.

And, you know, it's sometimes really hard for me to feel good

about myself, after all the things that were said to me and all the hitting. And when you're told awful stuff often enough, you start to believe it, or at least to wonder if maybe it's true. So I get scared in relationships with men, scared of being rejected. Because what if it's true? What if I really am some sort of a freak? That's a scary situation. And those feelings go back to all the abuse against me and my mom.

Kids shouldn't have to grow up like that.

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from: Spousal Assault Network, Department of Culture and Communications, Government of the Northwest Territories, June 1986.

WHAT KIND OF MAN WOULD BEAT HIS WIFE?

FL98

Every violent man has his own story and his own personality. No two are alike. But counsellors who work with batterers find that their clients often share certain characteristics which contribute to the violence. With help many men have been able to recognize and change these harmful patterns.

Men who beat women generally don't know how to recognize or talk about their feelings. They don't like admitting to any "weak" feelings — fear, anxiety, etc. — so most feelings are expressed as anger.

They tend to value traditional ideas of what it means to be a man. They often treat their partners as if they were children.

They refuse to acknowledge what they are doing to their partners. They minimize and deny the violence.

They feel that their lives are controlled by people and events outside themselves. Even the violence is not their fault: "She should have known not to bug me." "I guess I drank too much."

They are often sexually insecure and become extremely threatened by the slightest hint that their partners may be "fooling around".

They have few close friends apart from their wives or girlfriends.

They expect their partners to meet all their emotional needs. This makes them totally dependent and terrified of losing the relationship: "If she leaves me, I'll have nothing".

They have difficulty accepting praise or appreciating their own good qualities. They may become depressed and suicidal.

They often learned to be violent as children. They don't know how to solve problems in their lives or to "let off steam" in constructive ways.

from: Spousal Assault Network, February, 1985
Dept. of Culture & Communications, Gov't of the N.W.T.

LISTEN TO THE CHILDREN

FL99

It is hard enough for most of us to acknowledge the pain of adults who are beaten by their partners. Even when there are injuries that we can see, even when we hear of deaths, we have a hundred ways of pushing the horror aside. "She had it coming." "What was the matter with him to put up with that?" "I'm not putting my nose into other people's business." etc. etc.

It is even harder for us to acknowledge the pain of the children who watch the beatings take place. Their suffering is hidden: they are less likely than the adults to have visible wounds or to talk about what is happening. Few of us have begun to think about the help that these children may need.

"When my mom and dad fight, I feel sick: I feel like running away. When I feel sad I scream into my pillow. I'll get into trouble if I make too much noise."

Carmen, 10

A Few Disturbing Facts

It is possible for a child to grow up in a violent home without coming to any serious harm. It is possible — but it is not likely. Children who live with spousal assault **often** suffer from:

Neglect. If mother is living in fear and confusion, she can't give her best attention to her children. In addition, the children may decide not to ask for what they need because they are afraid of causing trouble at home.

Abuse. In a home where it seems normal for mother to be beaten, it may also seem natural for the children to be abused. Either parent may be responsible for the beatings. Older children may learn from their parents' example and misuse little brothers and sisters.

Sexual abuse. According to a study done at a shelter for abused women, 30% of the children aged 11 to 18 had been sexually abused. This is a much higher rate than would be found in the general population.

Too much emotional strain. Children usually feel that they are somehow to blame for the beatings. "I keep doing things that makes my mom get beaten up": that's the kind of thing they say. They also often have to take on too much responsibility, like looking after their parents (when it ought to be the other way around) or babysitting when they're too young to do it.

Long-Term Effects

Children who grow up in violent homes will not automatically become involved in violent relationships as adults. In fact, some people are so angered by brutal childhood experiences that they decide never to let violence be part of their lives again.

But many others continue to live by the patterns they have learned in childhood. A man who saw his dad beat his mom is more likely to beat his own partner. A woman who saw her mom get beaten is more likely to put up with beatings herself.

A very high percentage (one recent study says 80%) of men who batter and women who are beaten grew up with spousal assault.

A violent childhood may also have other effects on a person's adult life. It may interfere with schooling, make the person anxious about forming relationships with the opposite sex, or make it hard for the person to feel good about him or herself.

In one way or another, growing up in a violent home can hurt a person for life.

"People don't like me. You don't like me. It's everybody. Everybody doesn't like me."

Carmen, 10

How Can You Tell?

Children who live with spousal assault are not likely to talk openly about what is happening at home. Like their parents, they are silenced by shame and fear.

But, often, we can tell from the way children act that they are in some sort of trouble. Unfortunately, we cannot tell exactly what the trouble is. Unless a child tells you, or you have some other reliable source of information, there is no way of knowing that a child is living with spousal assault.

Here are some of the ways children may act when they are under stress. If a child develops extreme signs of stress, family violence should be considered as a **possible** cause.

For a young child, spousal assault **may** lead to bed-wetting or sleep difficulties. The child may be whiny and terribly anxious about being separated from mom. He or she may develop and grow more slowly than other kids.

From 6 to 12, boys from violent homes often become scrappy, explosive, and overly aggressive. Girls are more likely to become passive and withdrawn and to need excessive

amounts of approval. They may feel sick a lot.

Some of these kids become poor attenders and do badly in school; others (trying hard to be perfect to prevent trouble at home) do excellent academic work.

The stress of adolescence is especially painful for kids from violent homes. Their symptoms **may** include drug and alcohol abuse, promiscuity, pregnancy/early marriage, crime or suicide.

"Of course, I wanted the violence to stop and I wanted my mom to stop drinking and all those good things, but even as a little kid you know there's no great person that's going to do all that.

So what I wanted was someone to be my friend and to show me that I was cared for."

Christine, 23

How To Help

One of the best ways to help children who are living with spousal assault is to help their parents.

You can do this by making sure the mother (father) has

- a safe place to go
- people to talk to who care for her/him and want the beatings to stop
- professional counselling and drug and alcohol treatment, if s/he needs it
- help and company when s/he goes to court
- help in remaking her/his life as a single (wo)man, if that is what s/he has to do
- a "support group" that s/he can join if s/he likes
- praise and encouragement from family, neighbours and

community leaders who understand the problem and recognize that the violence has to stop

Other services that may help include: anger-control therapy for batterers; classes on "parenting" (women who can't discipline their children are more likely to return to violent men); public information and frank talk, so that people feel more comfortable about admitting they have a problem.

There are also ways of helping the children directly.

Protection. If a child is being neglected or abused, you are required by law to inform Social Services. Children who are not being mistreated may need help with "safety plans" — how to get away and where to go, during a crisis at home.

Information. Kids need to be taught the facts about spousal assault. They need to know why women stay and how the violence is passed from generation to generation. They need to know that the beatings are **not** their fault.

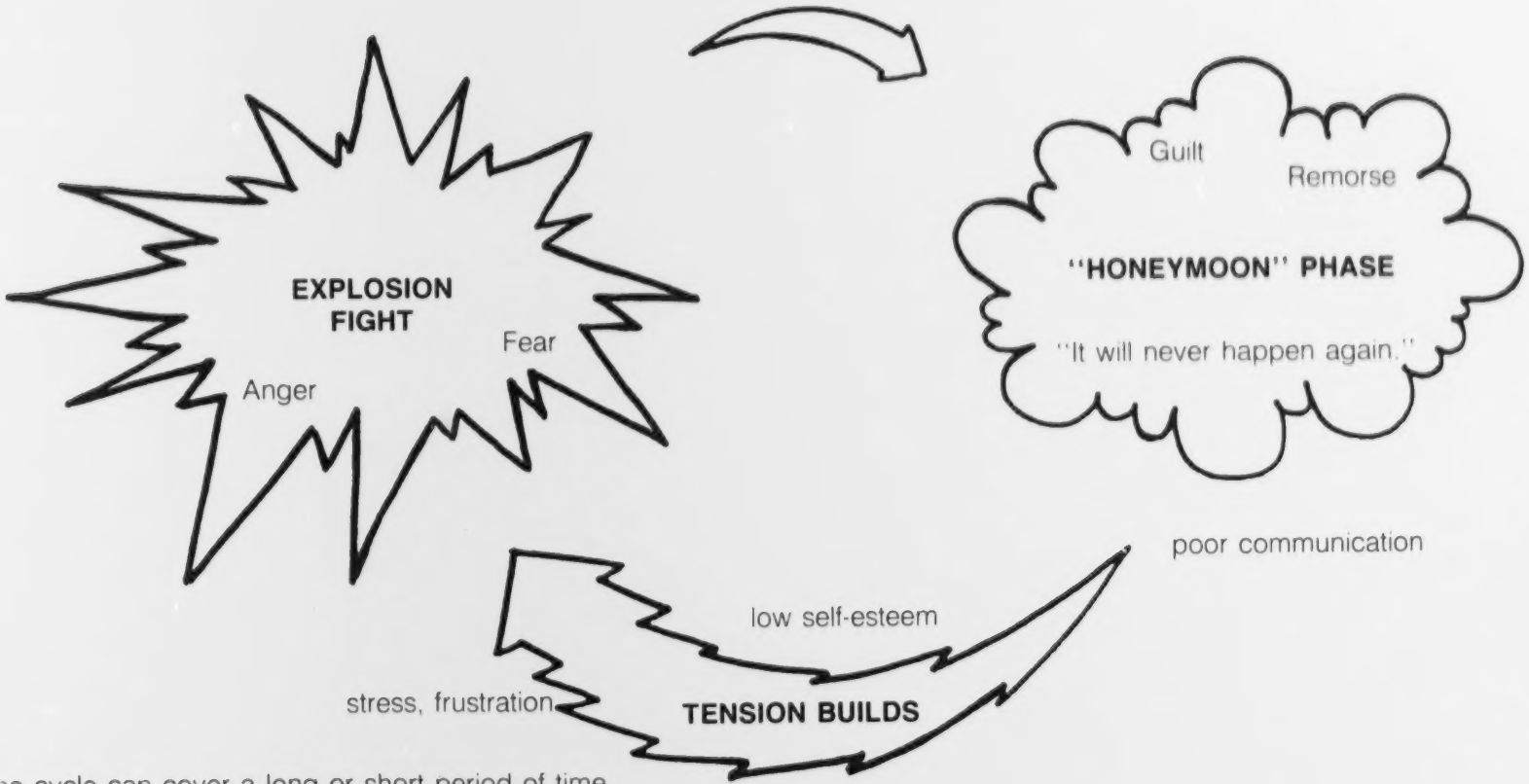
Affection. These children need friendship and encouragement — from a teacher, coach, youth group leader, relative or friend. Being liked and doing well at something will help them for life.

Myth: **When the adults in the family hit each other, the kids are still O.K. They don't even really know what's going on.**

Fact: **Kids from violent homes know exactly what's happening. They often think it's their fault. Often they're beaten or neglected themselves. They feel angry, guilty, afraid and confused. They will likely pass the suffering on to their own children — unless the violence is stopped.**

CYCLE OF VIOLENCE

FL100



- The cycle can cover a long or short period of time.
- The violence usually gets worse.

from VILLAGE TO VILLAGE, Alaska Dept. of Public Safety.

from: Spousal Assault Network, February, 1986

A FORMER BATTERER SPEAKS OUT

FL101

Q. "Was there anything your wife could have done to keep from getting beaten? Was the problem that she wasn't good enough?"

A. "No. I don't think that. I think it's more along the lines that I didn't think I was good enough and I didn't believe in myself enough so that I could overcome all of my problems.

"The violence is not going to stop unless the man takes charge of himself and looks at himself and finds out why these things are happening. You can't kid yourself that if it gets better for a week, then everything will be OK. It doesn't work that way.

"At the time of my life when I was beating my wife, I didn't know anything about my feelings. You're told that boys don't get sad, boys don't cry. And you learn all that stuff. The only feeling I knew was anger. I didn't even know about all the other ones. So I had to learn all of that. I had to learn to take care of the person inside of me.

"I don't want to make it sound simple. It's not. It takes a long time. But it can be done. That's the good thing. It can be done."

from: Spousal Assault Network, September, 1986

LEARN...

... to take a TIME-OUT!

A time-out is a simple way to prevent yourself from committing an assault. When you feel like you're getting out of control, give yourself time to cool down. You'll find it hard to do at first, but consider the alternatives! Here are a few pointers:

- First, learn to recognize when you are likely to commit an assault. Do you raise your voice? Slam doors? Yell at the children? Become silent? Drink or use drugs? Storm around the house? Throw things around? Break things? Ask questions about where your partner has been? Bring up arguments from the past?

- If you feel that you're getting out of control, tell your partner that you are angry and are going to cool off.

SAY when you will be back.

(Stay away until you're calm. Most people find it takes at least an hour.)

Do not use alcohol or drugs; do not drive a motor vehicle.

If you can, do something physically active. Don't let yourself think about whatever it was that made you mad.

If you are still angry when you go home, take another time-out.

When you get home, try to talk it out. Tell your partner how you feel. Listen to what he or she has to say to you.

LEARN ...

... to deal with stress

For many of us, violence is a way of dealing with stress. We explode, and then we feel better — for a while. In the long run, of course, violence just makes things get worse.

But there are other, healthy ways of dealing with stress that make things get better and stay better. You can prevent tension from building up by making sure you get • lots of exercise • a good diet • enough sleep • time on the land • time alone • friendship and fun • and any other simple things that make you happy.

"The biggest thing I've learned from the elders is patience. And I also learned that I can help myself. It's a simple statement but it has a lot of meaning. It means I can watch my thoughts; I can watch what I eat. I can do all of these things to help myself."

You can also learn more about the situations in your life that cause you stress and then take action to correct them. If you have money problems, find someone to help you set up a budget. If you need to improve your education, enrol in an upgrading program. If you don't know how to discipline your kids, find an elder or a counsellor to advise you. Other people have dealt with these problems and you can, too.

from: Arghh! Bam Pow Ouch!!
Dept. of Culture and Communications
G.N.W.T.

HELP!

**"There's help around us;
every second of the day there's help around us."**

In the N.W.T., there are a few special programs for people who want to stop abusing their families. If there's one in your community, you may want to take advantage of it. Otherwise, you will have to look for the help you need.

"Pride was a real bad problem, and the first time I told somebody about beating my wife it was hard. But it wasn't hard enough that I couldn't do it. There were things inside of me that I wanted to get free of. I had to go and talk to somebody."

Here are some people to try:

- an addictions counsellor or alcohol treatment program. If you get violent when you are drunk, you probably have an alcohol problem as well as a violence problem. You have to get help with the alcohol problem first.
  Alcoholics Anonymous or Al-Anon may also be very helpful.

- your Social Worker, clergyman or other counsellor. A good counsellor or therapy program will help you learn about your feelings, so your anger doesn't build up into a violent rage.

- elders, friends, relatives. People who used to abuse their partners but have stopped may be especially helpful to you.

- an adult educator or Life Skills Coach

FAMILY LIFE

GRADE: 8 **LESSON: 9** **THEME: LIFESTYLE**

CONCEPT: POSITIVE LIFESTYLE PRACTICES PROMOTE HEALTH

PREPARATION: 1. Prepare a class set of Towards Healthy Sexuality and Family Relationships (Activity Sheet FL103)

VOCABULARY: positive behaviours, sexuality

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify positive lifestyle practices that promote a young person's healthy sexuality and family relationships	Students: 1. Brainstorm positive behaviours that promote a healthy sexuality and family relationships.	Background Information: — Review briefly each lesson in this Grade 8 unit. Highlight positive behaviours from each lesson and prepare a list. Some examples are: Lesson 1 - Family Patterns: family members support, nurture, care for and love one another regardless of the type of family structure. Lesson 2 - Relationships: the characteristics that promote a committed and intimate relationship. Lesson 4: Be able to explain human development/reproduction to someone else.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Lesson 5 - Abstinence and Assertiveness: practise assertive responses to sexual pressure. Lesson 6: Be knowledgeable about birth control methods. Lesson 7 - STD: practise behaviours that eliminate or reduce sexual disease. Lesson 8 - Family Violence: ways to cope with family violence.
ii) design a personal program to promote a healthy sexuality and/or family relationships	2. Design a personal program to promote a healthy sexuality and/or family relationships.	Refer to Activity Sheet FL103. Have students select a behaviour that promotes the development of a healthy sexuality and/or family relationships, and complete the first page of Activity Sheet FL103.
	3. Practice his/her personal program for a given period of time.	Refer to Activity Sheet FL103. Decide on a time period for the personal program. Have students keep a daily record of their progress using the chart "How I Am Doing".
iii) evaluate the effectiveness of the program	4. Describe the degree of success with his/her program.	Refer to Activity Sheet FL103. Have students evaluate how successful they were in working towards their goal and record the evaluation in the section "How Did I Do?" Successes can be shared among friends, in small groups, or as a class depending upon the goals set and whether or not students are comfortable with such sharing.

TOWARDS HEALTHY SEXUALITY AND FAMILY RELATIONSHIPS

Name: _____

My Goal: (Specific goal that I wish to work towards)

_____

_____

_____

Why I want to reach this goal:

_____

_____

_____

What I have to do to reach my goal:

Things I have to do:	Supports I need to help me:

How I am doing:

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
							Week 1
							Week 2
							Week 3
							Week 4

How did I do? (Summary of my daily comments: my successes in working towards my goal)

GRADE 8

TEACHER BACKGROUND INFORMATION

FAMILY LIFE

THE TERMINOLOGY OF THE FAMILY LIFE UNIT

Some students may have difficulty understanding or participating in the discussions because they have different words to describe the concept. Many students will know only the "common" or "slang" terminology. In the Family Life classes, students will be learning and using the medical terminology.

Medical Terminology	Common	Slang
urinating	peeing	pissing

Students may use the "common" or "slang" term initially, because they are comfortable using it, and/or do not know the medical term. Once the medical term has been taught in class, teachers should ensure that students refer to the concepts using the correct medical terminology.

TERMS RELATED TO THE MALE REPRODUCTIVE SYSTEM

sperm: the male reproductive cell; it generally lives for 1 to 3 days; males do not begin to produce sperm until puberty

scrotum: the outer sac or bag which holds the testicles

testicles: two glands located inside the scrotum; these are where sperm are produced; it is common for each testicle to be slightly different in size

vas deferens: the tube which leads from each testicle to the urethra; sperm travels along this tube from the testicle to the urethra

prostate gland: a large gland which surrounds the male urethra in front of the bladder; it secretes fluids which lubricate the sperm

urethra: a tube inside the penis which carries both urine and semen to the outside of the body; semen and urine do not travel down the urethra at the same time

Cowper's glands: these glands secrete a small amount of fluid into the urethra just before the sperm reach this point

penis: an external body organ through which urine and sperm leave the body

ejaculation: the discharging of semen from the body through the penis

erection: the penis grows larger, becomes stiff and hard and sticks out from the body. This happens because blood flows into the loose skin of the penis. It can result from sexual stimulation (e.g. a sexual thought, seeing an attractive person, or from rubbing the penis) or spontaneously without any apparent reason. Erections are a natural occurrence which tend to happen more frequently during puberty.

wet dreams: ejaculations which occur at night as a result of a dream

masturbation: the rubbing or stroking by a person of his/her own sexual parts. Masturbation does not cause physical harm. It is normal if a person chooses to masturbate. It is also normal if a person chooses not to masturbate.

epididymus: where sperm cells are stored before travelling along the vas deferens

seminal vesicle: produces fluid which provides nourishment and lubrication for the sperm

TERMS RELATED TO THE FEMALE REPRODUCTIVE SYSTEMS

egg (ovum): the female reproductive cell; it generally lives for 2 to 3 days; females are born with eggs; eggs are stored in the ovaries; at puberty the ovaries start to release one egg a month; ovum - singular; ova - plural

vulva: the area situated between the legs which protects the openings of the vagina and the urethra; on either side of the vulva are soft folds of tissue called labia; this does not include the anus

vagina: the opening through which blood and tissue leave the body at menstruation; the opening through which the male penis enters during sexual intercourse; the opening through which a baby is born

cervix: the neck of the uterus; opening between uterus and vagina

uterus: a muscular pear-shaped organ; where the fertilized egg grows and develops into a fetus; each month the lining of the uterus thickens to receive an egg; if the egg is not fertilized, the lining of the uterus leaves the body during menstruation

ovaries: the organs where the eggs are stored and develop; once a month, an egg matures and is released from one of the ovaries; the ovaries contain thousands of tiny, undeveloped egg sacs

Fallopian tubes: two tubes which connect the ovaries and the uterus. The released egg travels from the ovaries along the Fallopian tubes; hairs on the walls of the tubes help the egg to move along; the sperm fertilizes the egg in the Fallopian tubes.

ovulation: the point in the menstrual cycle when an ovum or egg cell is released from an ovary; occurs 14 to 16 days after the first day of menstruation

MENSTRUATION

Menstruation is a natural occurrence in a female's life. However, if girls have not been prepared for it, it can be a frightening and worrying experience. It is a signal that her body is preparing itself physically to reproduce. The onset of menstruation varies from person to person — it may begin at nine years of age or at fifteen. The average age, however, is twelve to thirteen years. It continues until menopause, usually around age forty to fifty. Once a girl starts to menstruate, it may take several years before her menstrual cycle becomes regular.

The Main Events

The length of the menstrual cycle may vary from three to six weeks. Usually every four weeks a female's body prepares itself for a possible pregnancy through the action of the female sex hormones. An egg matures in one of the ovaries and the lining of the uterus begins to thicken, preparing to receive a fertilized egg. This lining is rich in blood and will bring nutrients to the developing baby. About halfway through the menstrual cycle (day 14) the ripened egg is released from the ovary (this is called ovulation) and travels along the Fallopian tube. If the egg is fertilized by a sperm within two to three days, a baby begins to develop. It develops for nine months in the uterus. During pregnancy, menstruation does not normally occur.

If the egg is not fertilized, it dissolves. The lining of the uterus is not needed to nourish and protect a baby, and so it is shed and leaves the body through the vagina. The flow of blood and tissue is called menstruation, a menstrual period, or a monthly period.

The menstrual cycle begins on the first day of menstruation and ends the day before the next menstrual period begins. It is usually about twenty-eight days. A menstrual period generally lasts four or five days, but may vary from three to seven.

No one can tell exactly when a girl will begin to menstruate. Some girls experience a slight vaginal discharge several months before their first period.

Only a small amount of blood leaves the body each month. The blood flow is usually heavier at the beginning of menstruation, than near the end.

Menstrual Hygiene

The two main types of menstrual protection which are used to absorb the blood are sanitary napkins (pads) and tampons. Pads are worn externally, usually held in place on the undergarments by an adhesive strip. Tampons are inserted into the vagina. Health professionals do not recommend the use of tampons by young girls.

Toxic Shock Syndrome

Toxic Shock Syndrome has been linked with the use of tampons during menstruation. It is a serious illness which may result in death and which most often affects young women between the ages of 15 and 25.

Symptoms include:

- high fever
- diarrhea
- vomiting
- headache
- muscular pain and weakness

In a very short space of time,

- the person's blood pressure falls
- a rash appears
- skin starts to peel from the hands and feet.

Preventive behaviours related to Toxic Shock Syndrome

Preventive behaviours include:

- changing tampons frequently;
- using tampons with applicators;
- washing hands before inserting the tampon;
- keeping the vulva clean;
- stopping use of tampons if you think you may have toxic shock syndrome;
- immediately contact the doctor or community health nurse;
- avoiding the use of tampons if you have, or have had, toxic shock syndrome.

During menstruation it is particularly important to maintain personal hygiene. When menstrual blood collects on the pad and contacts the air, bacteria grow causing an odour. Some important points to remember:

- sanitary pads should be changed at least four times daily
- females should wash the vulva regularly from front to back
- sanitary pads should be wrapped and disposed of in the garbage

Menstrual Discomfort

Most females do not experience discomfort during menstruation. However, some do experience:

- nausea
- cramps
- headaches
- a bloated feeling
- tenseness
- tiredness

These are thought to be related to hormonal action. Rest, warm baths, mild exercise and/or massaging the lower abdomen may help. If there are severe symptoms or if symptoms persist, a doctor or nurse should be consulted.

Most girls continue to participate in sports activities during menstruation.

History of Menstrual Aids

In some tribes, menstruating women still go to live in special huts apart from the rest of the community. A grass mat at their feet collects the menstrual flow. After each period the mat is burned.

Inuit women used moss wrapped in a clean, cloth rag as a sanitary pad. They would collect the moss in the summertime and store it for use in the winter. They disposed of these pads by burning them. Similarly, in many tribes of Africa, menstruating women for centuries have used "bandages" made out of grass or some kind of vegetable fibre. These bandages were burned after use.

Depending on the availability of materials, women began to use wads of cloth thick enough to absorb the menstrual fluids. These cloths required soaking, washing and drying during the time of their use.

By the turn of the 20th century packaged linen cloths, very much like diapers, were used. These were made specifically for sanitary protection, being shaped in a more comfortable style. They still needed soaking, washing and drying and still presented problems of absorbency and discomfort.

It was around 1918 that disposable sanitary pads or napkins were first introduced. Made of cotton, cellulose or a combination of both and wrapped in gauze for use with pins and belts, this type of protection has been in use ever since.

The tampon is the newest commercial form of menstrual protection, having been developed by a doctor more than forty years ago. However, the use of tampons is not a new idea. In ancient times in some parts of the world women used rolls of soft wood internally. In other parts of the world women used rolls of grass and roots.

The Cultural Importance of Menstruation

In many cultures a girl is treated differently when she has begun to menstruate. She may be treated in a more grown up way by her family and friends.

In some cultures the beginning of menstruation is designated as a time of celebration. Feasts or special ceremonies to celebrate womanhood are held. The girl is given adult clothing to wear, she is expected to do women's work and perhaps marry.

In traditional Inuit culture, a girl who had begun to menstruate was no longer spoken to as a child and was given increased responsibilities and privileges. In traditional Dene culture, a girl who had begun to menstruate had to live in a tent away from the community to practise the skills her mother had taught her. She was helped in this passage to womanhood by an elderly man, usually her grandfather, who would cook for her and serve her food. It was believed that if she did these things for herself it would increase the heaviness of the menstrual flow. After her first period had passed she was welcomed back to the community and honoured by a special feast.

In today's society many of these traditions have been lost or are simply not practised any longer. A girl's feelings about menstruating may vary depending on how much she knows about it and the accuracy of her information.

THE REPRODUCTIVE PROCESSES

Sex cell development: The female reproductive cell, the ovum, develops in one of the ovaries and is released once a month.
The male reproductive cell, the sperm, develops in the testicles, and is released during sexual stimulation.

The pathway of the sperm: The sperm travels from the testicles along the vas deferens to the urethra, to the outside of the body.

The pathway of the ovum: The ovum travels from the ovary along the Fallopian tube to the uterus.

Sexual intercourse: In order for new life to begin, the ovum has to join with a sperm. The erect penis enters the vagina. Millions of sperm are deposited into the vagina. They travel into the uterus and along the Fallopian tubes.

Fertilization (Conception): When a sperm cell and an egg cell join together, fertilization takes place.

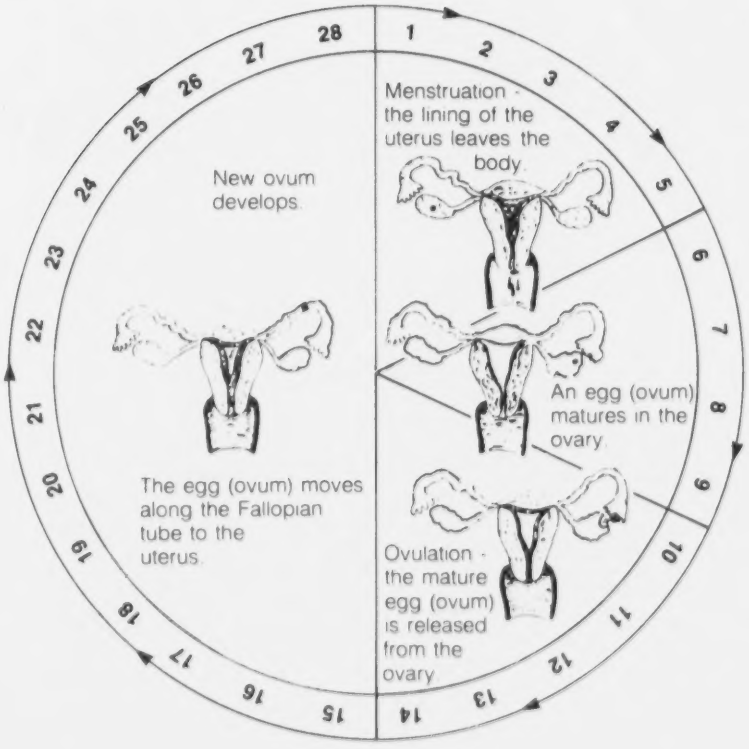
Implantation: Shortly after fertilization, the cell divides and continues to divide until 64 cells are produced. This cluster of cells attaches itself to the wall of the uterus, where it will be nourished and protected.

Gestation (Pregnancy): The time during which the fetus develops in the uterus for approximately 40 weeks. This is also called pregnancy.

Birth: At the end of that time, the baby is ready to leave the uterus, through the cervix and vagina into the world.

Fetal development: The growth of the unborn baby in the uterus.

OVULATION



FL99

SEXUAL DECISION-MAKING

There are many pressures on young people to become sexually active. These pressures may come from their peers, from the media and from society in general. Many young people who are already sexually active may not ***really*** want to be, but have been unable to resist those pressures.

Reasons why young people may become sexually involved
- pressure from boy/girl friend - desire to be part of the group - force, fear, threat - societal expectations - curiosity - to express love/caring - for pleasure - desire to appear grown-up - incest, rape
Reasons why young people may postpone sexual involvement
- moral reasons - parental expectations - fear of pregnancy or sexually transmitted diseases - either or both partners not ready for sexual involvement - fear of damage to reputation - decision to wait until commitment to relationship is made

Everyone, at different times in his/her life, has to make decisions related to sexuality. Although people share many similarities in this area, e.g., everyone wants to love and be loved, they also have different needs and values. Deciding whether or not to be sexually active is only one aspect, however. Young people who decide not to be sexually active must have the necessary assertiveness skills to allow them to say "No".

Abstinence is recommended by health professionals as the most responsible choice, from a health point of view, for young people. Early participation in sexual activity may have serious health risks and consequences — physical, emotional and social — for a young person.

Advantages of abstinence for young people
- freedom from fear of pregnancy and sexually transmitted diseases - freedom from guilt - satisfaction of being in control of one's own life - time to develop commitment to relationship
Disadvantages of abstinence for young people
- continued pressure from partner and/or group - possible termination of relationship - risk of health problems (especially mental, social)

Adolescent pregnancy

If a young girl becomes pregnant, there are health risks for both mother and child.

The School Health Program looks at adolescent pregnancy as it relates to the overall health of the parents — in particular, the mother — and the child.

Health Risks and Consequences for the Mother
- higher risk of pregnancy complications and birth difficulties e.g., premature baby, long labour - difficulties because of poor diet, poor prenatal care, incomplete physical growth of mother - medical risks such as haemorrhage, high blood pressure, anaemia, toxemia - may have to drop out of school - may have little money, may need assistance - mental and emotional health problems e.g., loneliness, isolation, low self-esteem, guilt - problems about what kind of job, if any, is available to her - pressure to marry - higher risk of divorce if married at a young age - poor housing because of little money - problems handling pregnancy, a relationship and growing up at the same time
Health Risks and Consequences for the Fetus/Child
- higher rate of infant mortality, deformities, low birth-weight, lower intellectual potential - complications related to tobacco and alcohol use e.g., fetal alcohol syndrome - less stimulation for child for growth and development - increased likelihood of childhood diseases e.g., respiratory problems - increased risks of child abuse

SEXUALLY TRANSMITTED DISEASES (STDs)

Sexually transmitted diseases are diseases which are spread by sexual contact with an infected person. There are many kinds of sexually transmitted diseases. Only the more common ones are dealt with in detail in the School Health Program. However, many aspects of the more common STDs are applicable to all e.g., method of transmission, and ways of preventing the spread of STDs.

CHLAMYDIA

Causes	Characteristics	Consequences	Treatment	Prevention
- germ called ureaplasma - sometimes unknown - organism	- discharge from the penis - burning or itching around the opening of the penis - rectal discharge - often no symptoms - vaginal discharge - pain, itching, burning around vagina	- may spread through reproductive system - may give abdominal pain, fever, nausea, headache, vomiting - may cause scarring in the reproductive system - may cause sterility - may create health problems in the unborn baby - may cause inflammation of the joints	- seeking medical advice - take prescribed antibiotics as instructed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active, use a condom - if infected, get treatment - ask partner(s) to be tested and treated - if sexually active, having only one sexual partner who is free from infection

GONORRHEA

Causes	Characteristics	Consequences	Treatment	Prevention
- a germ called gonococcus - germ thrives in mucous membranes - germ dies quickly when exposed to air	- often no symptoms - discharge from penis - burning feeling when urinating - mild burning feeling in the female genital area - discharge from the vagina	- infection in reproductive system - pain in internal sex organs - may cause sterility - may cause inflammation of the joints - may cause damage to vision	- seeking medical advice - take prescribed antibiotics as instructed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active, use a condom - if infected, get treatment - name sexual contact(s) - if sexually active, having only one sexual partner who is free from infection

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SYPHILIS

Causes	Characteristics	Consequences	Treatment	Prevention
- the bacteria are called 'treponema pallidum' - thrive in warm moist conditions	- often no symptoms - small pimple may appear (10 - 90 days after sexual contact) (1st stage) - extremely contagious - if untreated, redness and pimples may appear all over the body (2nd stage) - white spots in the mouth - sore throat - hair loss - aching bones - general fatigue and aches and pains	- most dangerous STD - if untreated, may damage vital organs - if untreated, may lead to paralysis, blindness and death	- seek medical treatment - take prescribed antibiotics as instructed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active, use a condom - if you think you have syphilis, get treatment - name sexual contact(s) - ask partner(s) to be tested and treated

TRICHOMONIASIS

Causes	Characteristics	Consequences	Treatment	Prevention
- a micro-organism called trichomonad - may survive for several hours on a moist object e.g. a towel, therefore not always sexually transmitted	- severe itching in genital area - unpleasant odours - severe discharge - male may not show any symptoms, but can still transmit the disease		- ointment - oral medication as prescribed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active, use a condom - if you think you have trichomoniasis, get treatment - ask partner(s) to be tested and treated

GENITAL HERPES

Causes	Characteristics	Consequences	Treatment	Prevention
- virus is from same family as the "cold sore" - most common STD - tiredness, stress or poor diet aid the development of herpes	- more common in females than males - small, painful red pimples usually in the genital area	- women may develop cervical cancer	- ointment or cream as prescribed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active use a condom - if you think you have genital herpes, get treatment - ask partner(s) to be tested and treated

PUBIC LICE (CRABS)

Causes	Characteristics	Consequences	Treatment	Prevention
- feed from blood vessels in the skin - spread by sexual contact, but also transmitted by sheets, toilet seats, etc.	- look like miniature crabs - cause severe itching		- medicated ointment/ cream/shampoo from the nursing station or drugstore	- general personal hygiene

* Under the N.W.T. Public Health Act, nurses/doctors are required to report the following STDs to the Chief Medical Health Officer for the N.W.T. - syphilis, gonorrhea, AIDS/AIDS infection, chlamydia

BIRTH CONTROL METHODS FOR YOUNG PEOPLE

The decision by a young person to become sexually active is often made on the spur of the moment. Although they may be worried about becoming pregnant, the majority of sexually active young people do not use effective birth control methods for a number of reasons:

- the circumstances in which the decision to have intercourse is made;
- in general, the disapproval by society of young peoples' sexual activity, and, hence, of birth control for them;
- guilt; fear of being 'found out';
- embarassment in both obtaining and using contraceptives.

Young people are forced to make many decisions related to their own sexuality, particularly during their adolescent years. These decisions carry many responsibilities and consequences. The decision to become sexually active carries a responsibility by both males and females to use effective birth control methods. The consequence of not accepting this responsibility is often experienced the hard way — if they become teenage parents. Both the decision to abstain from sexual activity and the decision to use contraceptives require strong assertiveness skills on the part of those following through on the decision.

Method	Availability	Effectiveness	Advantages	Disadvantages
sexual abstinence	- requires mutual consent of both partners - accepted by many young people	- 100% effective	- freedom from fear of pregnancy and STDs - freedom from guilt - satisfaction of being in control of one's life - time to develop commitment to relationship - respect for self is maintained	- continued pressure from partner and/or peer group - possible termination of relationship - risk of health problems (especially mental and social) - may be difficult to be assertive
the pill	- on prescription from doctors or qualified nurses - a medical examination is required first	- 96% - 99% effective	- freedom from fear of pregnancy - reduces amount of menstrual flow; may reduce cramping - reversible - decreased chance of some health problems e.g., anemia - allows for spontaneity in sexual activity	- minor side effects e.g., headache, weight gain, nausea, depression - possible increased chance of some serious health problems e.g., blood clot, stroke, etc. - if on the pill, there may be increased pressure to have intercourse
condom	- free from nursing stations - can be bought in stores	- 80 - 90% on its own - 99% with spermicide foam	- also protects against STDs - usually no side effects - easy to obtain, carry around and use	- may produce an allergic reaction - condom must not be damaged (note expiry date) - requires planning - obtaining a condom may cause embarassment - may have a negative image

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Method	Availability	Effectiveness	Advantages	Disadvantages
spermicide	- can be bought in stores	- 50-80% alone - 99% with condoms	- helps protect a little against STDs	- directions must be followed carefully - may not be available in all communities - more foam must be applied if more than 15 minutes elapses before intercourse - may produce an allergic reaction
I.U.D. (intra-uterine device)	- requires services of doctor or nurse (with appropriate training)	- 97-99%	- allows for spontaneity in sexual activity - is effective over an extended period of time	- may be some health risks e.g., Pelvic Inflammatory Disease - may be some side effects e.g., cramping, heavier bleeding, etc. - may be displaced - not generally recommended for young girls because of health risks
diaphragm	- must be fitted by a doctor or nurse	- highly effective when used with spermicide	- almost no medical risks - helps protect against STDs - easy to carry around	- must fit properly - must be instructed in its use - may become displaced - must be left in place for 6-8 hours after intercourse - does not permit spontaneity (although it may be inserted up to 6 hours before - spermicide should be reapplied if more than 2 hours has elapsed)
natural family planning	- free, requires some prior knowledge	- when used in combination, the three methods of natural family planning are about 88% effective	- no side effects - become knowledgeable about own body and cycle	- may be difficult to follow if cycle is irregular - not reliable for young people, because many young girls do not have regular cycles - must take temperature every day for several months to establish a pattern - requires consistency in recording information - may be frustrating during time when intercourse cannot take place
withdrawal	- free	- high failure rate - 25-75% effective	- allows for spontaneity in sexual activity	- frustrating - messy - creates anxiety about its effectiveness

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SPOUSAL ASSAULT

There are different ways to be battered, different styles that can be used to make another person feel shamed, humiliated, and worthless. Battering can be physical, emotional, psychological or spiritual. Or any combination of those.

Facts

Most victims of spousal assault are women — 95%.

In Canada, at least one woman in ten is beaten. In the North, the figure is likely higher — estimates place it closer to one in four.

Boys who see violence at home are three times more likely than others to beat their spouses.

Many women are given tranquilizers and other drugs when their real problem is abuse.

If nothing is done, the beatings get worse over time and often lead to serious disability and death.

Battered women are caught in a "cycle of violence" and may need years of help and support before they can stop the assaults or get away.

Violence is learned and can be unlearned — with professional help.

In homes where the mother is beaten 87% of the children are also seriously abused or neglected.

The Cycle of Violence

People find it hard to break out of violent relationships for many reasons. One factor is a pattern of feelings and actions that has been called "the cycle of violence".

Women often find that knowing this cycle makes it easier for them to understand why they are letting themselves be abused. They can see that it was not just "Love" that kept them there but a confusing merry-go-round of feelings. Knowing the cycle also helps them predict when an assault is likely to happen so they can keep themselves safe.

Men find the cycle helps them understand why they keep repeating a behaviour they have promised (often sincerely) to stop. They can begin to recognize the sources of stress in their lives, identify signs of increasing tension in themselves, and plan ways of avoiding violence as they approach the "explosion".

It can take two years, two weeks or two days to go around the cycle. If the underlying problems are not cleared, the family goes through it again.

Tension build-up

Everyone is under stress every day, on the job, with children, with their partner. If a family doesn't have good communication and problem-solving skills, and a healthy way of life, the tensions will gradually build.

Explosion

When the tension reaches a certain point, there will be an explosion or fight. This is usually when physical violence occurs.

Remorse, or honeymoon

After the explosion, there will be a period of great remorse and apology for what happened. Everyone is sorry about the violence and promises never to do it again. This is usually a happy and hopeful time for the couple.

One reason the cycle is so hard to break is that the honeymoon period creates the illusion that everything is okay.

from: Spousal Assault Network, G.N.W.T., Feb. '86.

Adapted from
"Village to Village"

Alaska State
Dept. of Public Safety, 1983

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N.W.T. Transition Houses

1. MacAteer House
   Y.W.C.A. Yellowknife

2. Sutherland House
   Tawow Society, Fort Smith

3. Nutaraq Place
   Agvvik Society, Iqaluit

Community Crisis Shelters

1. Tuk Crisis Centre
   Tuk Crisis Committee, Tuktoyaktuk

2. Rankin Inlet Shelter
   Kataujaq Society, Rankin Inlet

3. Spence Bay Shelter
   Spence Bay

4. Hay River Shelter
   Women's Centre, Hay River

5. St. Michael's Crisis Shelter
   Katimavik Centre
   Cambridge Bay

Treatment Resources

1. N.W.T. Family Counselling Centre
   Yellowknife, N.W.T.

2. Inuvik Branch - Mental Health Association
   Family Counselling Centre
   Inuvik, N.W.T.

SPOUSAL ASSAULT NETWORK

Both current and back issues of this quarterly newsletter can be obtained from:

Public Affairs Officer
Department of Culture and Communications
Government of the Northwest Territories
Box 1320
Yellowknife, N.W.T.
X1A 2L9
(403) 873-7615

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CHILD ABUSE

The U.S. National Committee for Prevention of Child Abuse (1977) defines child abuse as:

"a non-accidental injury or pattern of injuries to a child."

Except in the case of sexual abuse by a stranger, child abuse is not usually a single act, but, rather, a pattern of behaviour.

Child abuse often occurs within a 'trust' relationship i.e., the abuser has some responsibility to, or relationship with, the victim (family member, babysitter, etc.) or has a professional relationship with the victim such as a teacher.

What is Child Abuse?

Child abuse is a global term and takes many forms.

1. ***Physical Abuse***

   This can be defined as:

   "any non-accidental infliction of physical injury upon a child" by a caretaker.

   This may be the most easily detected form of child abuse, as scars, bruises, broken bones can be seen. However, psychological scarring also occurs, and does not disappear as quickly as the bruises.

2. ***Child Sexual Abuse***

   The British Columbia Ministry of Human Resources defines child sexual abuse as:

   "the sexual exploitation of a child who is not developmentally capable of understanding or resisting the contact, or a child or adolescent who may be psychologically or socially dependent upon the perpetrator."

   It includes a range of behaviours, from exposing of private parts, forced participation in masturbation and fondling to full intercourse.

3. ***Emotional Abuse or Maltreatment***

   This can be defined as all acts of omission or commission which result in

   "the absence of a nurturing environment for the child."

   Acts of omission include ignoring or passively rejecting the child, or withholding affection or praise. Acts of commission include constant yelling, demeaning remarks, threatening and verbally rejecting the child. This is probably the most widespread form of child abuse but the most difficult to identify or prove. Emotional abuse is inevitably present with the other three forms of abuse.

4. ***Neglect***

   This occurs when caregivers fail to provide a child with the basic necessities of life e.g., food, clothing, shelter, medical care, safety, nurturing, etc. This form of abuse is usually not intentional. It can be the result of ignorance of what is appropriate care, an inability to plan ahead, unrealistic expectations of what the child can do for himself, or the consequence of parents incapacitated through illness, injury or handicap.

The effects of child abuse are cumulative. The longer the abuse continues, the more serious it becomes, and the more serious are the child's injuries.

Indicators of Child Abuse

Signs of child abuse do not usually appear in isolation, but rather as a syndrome. It is most important to recognize that the behavioural signs are indicative of stress in a child's life and should be investigated further. However, they are not all-conclusive in indicating abuse.

Type of Abuse	Physical Indicators	Behavioural Indicators
Physical	Unexplained bruises and welts - on face, lips, or mouth - on torso, back, buttocks, or thighs - in various stages of healing - clustered or forming patterns - shaped like recognizable object (e.g., belt buckle) - appearing regularly after absences, weekends, or vacation periods Unexplained burns - by cigars or cigarettes, especially on soles, palms, back, or buttocks - by immersion in hot liquid, especially on hands, feet, buttocks, or genitalia - shaped in a recognizable form (e.g., electric range coils, electric iron) - by rope on arms, legs, neck, or torso Unexplained fractures - of skull, nose, or facial bones - in various stages of healing - in multiple locations Unexplained lacerations or abrasions - on mouth, lips, gums, or eyes - on external genitalia	Wary of adult contacts Apprehensive when other children cry Extreme aggressiveness or extreme withdrawal Fear of parents Fear of going home Reporting of injury by parents or others
Sexual	Difficulty in walking or sitting Torn, stained, or bloody underclothes Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal, or anal areas Venereal disease symptoms, especially in pre-teens Pregnancy	Unwillingness to change clothing or to participate in physical education classes Withdrawal, fantasy, or infantile behaviour Bizarre, sophisticated, or unusual sexual behaviour or knowledge Poor peer relationships Chronic delinquency Reporting of sexual assaults

Type of Abuse	Physical Indicators	Behavioural Indicators
Emotional	Speech disorders Lag in physical development Severe allergies, asthma, or ulcers Alcohol or drug abuse	Habit disorders (e.g., thumb sucking, lip biting, rocking) Antisocial or destructive conduct Psychoneurotic traits (e.g., hysteria, obsessions, compulsions, phobias, hypochondria) Behaviour extremes of compliance or aggression Inappropriate adult or infantile behaviour Mental and emotional developmental lags Suicide threats or attempts
Neglect	Consistent hunger Poor hygiene Inappropriate dress Unattended physical problems or medical needs Alcohol or drug abuse	Begging for or stealing food Early arrivals at and late departures from school Constant fatigue or listlessness Chronic delinquency, especially thefts Reporting of no caretaker at home

(Adapted from The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect. Washington, D.C.: U.S. Department of Health and Human Services, 1984)

SEXUAL ASSAULT

In January 1983, a new federal law dealing with assault and sexual offences came into force.

Sexual assault is forced sexual activity without the consent of one of the people involved. Examples of sexual assault include:

- obscene phone calls
- kissing
- fondling
- sexual intercourse
- incest
- indecent exposure
- sexual harassment (gestures, whistling, etc.)
- child molestation
- gross indecency

The final decision on whether a sexual assault has been committed rests with the judge.

There are consequences for both the victim and the offender. Some possible consequences include:

Victim	Offender
- feelings of guilt, anxiety, anger - feelings of guilt, shame, responsibility - fear of another attack - fear of being unable to cope with a sexual relationship - some physical symptoms - fear of infection and pregnancy - disturbances in sleep patterns/nightmares - humiliation - sense of powerlessness - confused/disoriented	- imprisonment - social isolation from family, friends, community - further loss of self-esteem - loss of job - publication of name in media - feelings of guilt, shame

PREVENTIVE BEHAVIOURS RELATED TO SEXUAL ABUSE

Preventive behaviours include:

- walking in well-lit areas or roads
- walking in pairs or groups
- letting family members know where you will be when away from home
- not hitchhiking or taking rides with strangers
- planning to be met by family member if it is late and you are alone
- saying No to situations that may lead to sexual assault
- having family, friend and community supports to talk with if a potentially dangerous situation exists
- trusting your instincts

Behaviours to avoid sexual assault in the form of incest include:

- talking to trusted people in the community who can help (e.g., teacher, nurse, priest)
- not going home if the person suspects there's likely to be an assault (e.g., if the offender has been drinking)

DEPARTMENT OF EDUCATION GUIDELINES FOR EDUCATION PERSONNEL REPORTING SUSPECTED CHILD ABUSE

Any person employed by the Department of Education, a Board of Education, or a Divisional Board of Education in the Northwest Territories who suspects child abuse shall:

1. Immediately report orally the details of the suspected abuse to the local or regional representative of the Department of Social Services.

2. Inform the principal of the school of the report.

3. Follow-up the oral report to the local or regional representative of the Department of Social Services, as soon as possible, with a written report to the Superintendent of Child Welfare in Yellowknife.

4. Upon receiving a report from an employee, the principal shall immediately inform the Regional Superintendent of Education that a report of suspected child abuse has been made.

5. Staff shall ***not*** contact the child's family or the suspected perpetrator or anyone else to inform or further investigate the circumstances of the suspected abuse. This is the responsibility of the Department of Social Services and the R.C.M.P.

6. Any information, oral or written, about child abuse cases is confidential. All written records or reports must be treated confidentially and should not be placed in the child's record or cumulative file. Information necessary in the conduct of the investigation or subsequent treatment of the child or the offender must be shared with the authorized agencies.

7. The above procedures will also be followed by adult educators with regard to children who are or, in the absence of evidence to the contrary, appear to be under the age of 18 years of age. However, adult educators are not required to inform the principal of the school.

Supt. of Child Welfare
Department of Social Services
Box 1320
Yellowknife, X1A 2L9
(403-873-7709)